

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062679 (3)

1. Corporation Name

POMPANO EXCELSIOR, INC.

Principal Place of Business

1040 BAYVIEW DR.
SUITE 605
FORT LAUDERDALE FL 33304

Mailing Address

1040 BAYVIEW DR.
SUITE 605
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

4. FEI Number

65-0523481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAINTOR, F. ANDREWS
1750 E. SUNRISE BLVD.
3RD FLOOR
FORT LAUDERDALE FL 33304-3097

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	J. Scott Segraves
STREET ADDRESS	1040 Bayview Drive, Suite 605
CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	Vice President
NAME	J. Blake Beeson
STREET ADDRESS	1040 Bayview Drive, #605
CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	Vice President
NAME	J. M. Beeson, Jr.
STREET ADDRESS	1040 Bayview Drive, Suite 605
CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	Vice President
NAME	J. David Hughes
STREET ADDRESS	1040 Bayview Drive, Suite 605
CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	Secretary
NAME	Ginnette Dupre
STREET ADDRESS	1040 Bayview Drive, Suite 605
CITY, ST, ZIP	Ft. Lauderdale, FL 33304
TITLE	Treasurer
NAME	Louise Leroux
STREET ADDRESS	1040 Bayview Drive, Suite 605
CITY, ST, ZIP	Ft. Lauderdale, FL 33304

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

J. M. Beeson, Jr.

J. M. Beeson, Jr., V-P

04/29/95

305/565-5772

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER