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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

45NT # D0400067202 (2)

NC 3/21/95

DOCUMENT # P9400067323 (3)

NC

1. Corporation Name

POMPA INTERIOR TRIMS, INC.

Pompa WANA Coment AND PROFESSIONAL, TNC.

Principal Place of Business

Mailing Address

12179 53 ROAD NORTH

ROYAL PALM REACH FL 33411

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	ad North I Beach FL 33411	12179 53 ROAD NOI ROYAL PALM BEACH					
					3. Date Incorporated or Qualified 09/09/1994	3a. Date of Last Report 07/31/1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied Fo
1		26			65-0513539		Not Applic
Suite, Apt. #	⊭, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	<b>8.75</b> Addition. Fee Required
City & State		City & State		-	6. Election Campaign Financing Trust Fund Contribution	1 1	<b>5.00</b> May Be Added to Fees
Zip	Country 25	Ζφ <b>29</b>	Count 30	try	This corporation has liability for i     Florida Statutes		ders 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agen	nt
			8	Name			
	, Connie 3 road North		8	32 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	PALM BEACH FL 33411		8	33			
			1	34 City		FL 85	Zip Code
familiär wit SIGNATURE	th, and accept the obligations of, Se	ection 607.0505, Florida Statut	tes.	orporation's boa	ird of directors. Thereby accept the appoint	DATE	
12.		ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12
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14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 attacture in with an address.

SIGNATURE: X CONTUL

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/96 467-790-1328