

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90029 035 ***150.00

DOCUMENT # P94000069930

1. Corporation Name

POF, INC.

Principal Place of Business

1453 N.W. 48TH AVE.
COCONUT CREEK FL 33063

Mailing Address

1453 N.W. 48TH AVE.
COCONUT CREEK FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1994

4. FEI Number

65-0522996

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

7640 SOUTHGATE BLVD

Suite, Apt. #, etc.

2A

City & State

NORTH LAUDERDALE FL

Zip

33068

Country

USA

2a. Mailing Address

1431 NW 47 AVE

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

Zip

33063

Country

USA

9. Name and Address of Current Registered Agent

ANDROS, CURT
1453 N.W. 48TH AVE.
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name

ANDROS, CURT

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

1431 NW 47 AVE

83

84 City

COCONUT CREEK

FL

85 Zip Code

33063

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ANDROS, CURT
STREET ADDRESS 1453 N.W. 48TH AVE.
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE D ☐ DELETE

NAME ANDROS, NELSY
STREET ADDRESS 1453 N.W. 48TH AVE.
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME ANDROS, CURT
1.3 STREET ADDRESS 1431 NW 47 AVE
1.4 CITY-ST-ZIP COCONUT CREEK, FL. 33063

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME ANDROS, NELSY
2.3 STREET ADDRESS 1431 NW 47 AVE
2.4 CITY-ST-ZIP COCONUT CREEK, FL. 33063

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

CURT ANDROS

1/3/99

954-975-0966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0174670