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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000079567 (9)**

1. Corporation Name
POMPAÑO PARK FAIR, INC.

Principal Place of Business
**7120 LAKE ELLENOR DRIVE
ORLANDO FL 32809**

Mailing Address



3. Date Incorporated or Qualified
09/23/1996

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address **P.O. Box 55**

26

Orlando, FL 32802-0055

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

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City & State

23

Zip

Country

28

Zip

Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENITEZ, AGUSTIN J
7120 LAKE ELLENOR DRIVE
ORLANDO FL 32809**

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 type - or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRATES, E J	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAGID, SUSAN S	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOREMUS, SIBYL S	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Strates, E. Jay	
1.3 STREET ADDRESS	7120 Lake Ellenor Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32809	
2.1 TITLE	D A S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Magid, Susan Strates	
2.3 STREET ADDRESS	7120 Lake Ellenor Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32809	
3.1 TITLE	D A S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doremus, Sibyl Strates	
3.3 STREET ADDRESS	7120 Lake Ellenor Drive	
3.4 CITY-ST-ZIP	Orlando, FL 32809	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Benitez, Agustin J.	
4.3 STREET ADDRESS	7120 Lake Ellenor Drive	
4.4 CITY-ST-ZIP	Orlando, FL 32809	
5.1 TITLE	A S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Strates, James E.	
5.3 STREET ADDRESS	7120 Lake Ellenor Drive	
5.4 CITY-ST-ZIP	Orlando, FL 32809	
6.1 TITLE	A S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Strates, John E.	
6.3 STREET ADDRESS	7120 Lake Ellenor Drive	
6.4 CITY-ST-ZIP	Orlando, FL 32809	

14. I do 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.

SIGNATURE:

Agustin J. Benitez

RECEIVED

Agustin J. Benitez, Secretary 1-17-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (9/96)