

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

**P.O. BOX 55
ORLANDO FL 32802-0055
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

59-3406285

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0602 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	DP	<input type="checkbox"/> DELETE
NAME	STRATES, E-J	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	MAGID, SUSAN S	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	DOREMUS, SIBYL S	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BENITEZ, AGUSTIN J.	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STRATES, JAMES E.	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STRATES, JOHN E.	
STREET ADDRESS	7120 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<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	DP	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input 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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Strates Phyllis R.	
6.3 STREET ADDRESS	7120 Lake Ellenor Drive	
6.4 CITY-ST-ZIP	Orlando, FL 32809	

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.

SIGNATURE:

[Signature]

2-5-98

CR2E034 (10/97)