**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham, ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000083942 (7) DOCUMENT # POMPEY PUB CORP. Principal Place of Business Mailing Address 4132 N. FEDERAL HWY. 4132 N. FEDERAL HWY. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-078 481 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name IANNACCONE, JAMES T CUMBERLAND BLVD., STE. 510 Street Address (P.O. Box Number is Not Acceptable) 800 E. BROWARD BLVD. FT. LAUDERDALE FL 33301 84 City Zip Code 85 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 Statu of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ☐ DELFTE 1.1 TITLE Change TITLE COOPER, NEIL 1.2 NAME NAME CRZEG94 4132 N. FEDERAL HWY. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS G/TY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TLF 5.2 NAME 5.3 STREET ADDRESS REET ADDRESS /-ST-2IP 5.4 CITY - ST - ZIP Addition DETETE Change 6.1 TITLE

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 suppliemental 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 trusted 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.

6.2 NAME 6.3 STREET ADDRESS

GNATURE:

N.lag

/16/ 99 454) 568-2207