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

PROFIT
CORPORATION
ANNUAL REPORT
1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1998 8:00am

Secretary of State

Addition

Change

- A 1901AGO BIT BOLLD SCON ABAN NIGHT SCON SCON SCON DEGLE BIRK BIRK DISK NOCH

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S02821

(4)

POMPANO VACUUMS, INC.

|  | RAL HWY ACH FL 33061 ace of Business #, etc.   | Mailing Address P O BOX 1889 DANIA FL 33004 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State |   |                         | DO NOT WRITE IN T  3. Date Incorporated or Qualified 09/24/1990  4. FEI Number 65-0229760  5. Certificate of Status Desired |                           |
|--|--|--|---|-------------------------|---|---------------------------|
| 23   |  | 28   |   | Trust Fund Contribution | Added to Fees   |                           |
| Zip<br>24  | Country 25  8. Name and Address of Curre   |  | Count<br>30                                   | ry                      | B. This corporation owes or has paid the<br>Personal Property Tax due June 30     Name and Address of New Registe           | Yes 🗌 No                  |
| Name and Address of Current Registered Agent  ADAMS, GERALD J. |  |  |   | 1 Name                  | In traine and Madiese of Hea Heliere  | i de Dâqur                |
|  | N. FEDERAL HIGHWAY   |  | 8   | 2 Street Add            | dress (P.O. Box Number is Not Acceptable)   |                           |
| DANIA FL 33004   |  |  |   |                         | arbas (1.5. Bax Harrison is Not Nobas Harrison)   |                           |
|  |  |  | 8   | 3                       |   |                           |
|  |  |  | 8   | 4 City                  |   | FL 85 Zip Code            |
| office or re<br>agent. I as<br>SIGNATURE                       | othe provisions of Sections 607.05 aglistered agont, or both, in the Stat on familiar with, and accept the oblining the state of the oblining oblining of the oblining | e of Florida. Such change was a<br>gations of, Section 607,0505, Flo                                       | uthorized I<br>rida Statut                    | by the corpora<br>es.   |   | appointment as registered |
| 12.  |  | ND DIRECTORS   | 13.   |                         | ADDITIONS/CHANGES TO OFFICERS   |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                          | PD<br>CAMPANELLI, JOSEPH R.<br>3667 N FEDERAL HWY.<br>POMPANO BEACH FL   | □ ŌĒLEŤE   | 1.1 TITLE<br>1.2 NAMI<br>1.3 STRE<br>1.4 CITY | ei address              |   | Change Addition           |
| TITLE  | D  | ☐ DELETE   | 2.1 TITLE                                     |                         |   | ☐ Change ☐ Addition       |
| NAME   | STRENG, PAUL   |  | 2.2 NAM                                       | E                       |   |                           |
| STREET ADDRESS   | 3667 N FEDERAL HWY   |  |   | ET ADDRESS              |   |                           |
| CITY-ST-ZIP  | POMPANO BEACH FL 33064   |  | 2. 4 CITY                                     |                         |   | Change Addition           |
| TITLE  |  | ☐ DELETE   | 3.1 TITLE                                     |                         |   | C. Cuange C. Addition     |
| NAME<br>STREET ADDRESS   |  |  | 3 2 NAM                                       | t<br>Et address         |   |                           |
| CITY-ST-ZIP  |  |  |   | -ST-ZIP                 |   |                           |
| TITLE  |  | DELETE   | 4.1 TITLE                                     |                         |   | Change Addition           |
| NAME   |  |  | 4. 2 NAM                                      | ŧE                      |   |                           |
| STREET ADDRESS   |  |  | 4.3 STRE                                      | ET ADDRESS              |   |                           |
| CITY-ST-ZIP  |  |  | 4.4 City                                      |                         |   |                           |
| TITLE  |  | ☐ DELETE   | 5 1 11TLF                                     |                         |   | Change Addition           |

14. Thereby 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 chapters, or on an affective mental and officer.

52 NAME

61 TITLE

62 NAME 63 STREET ADDRESS

DELETE

53 STREET ADDRESS 54 CITY-ST-ZIP

EXAM ANDONE PHONE 11 2