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FILED

Feb 10 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 # S09886 (0)  
1. Corporation Name  
POMERANCE FINANCIAL CORPORATION OF FLORIDA

Principal Place of Business  
P.O. BOX 952518  
LAKE MARY FL 32795-9518

Mailing Address  
P.O. BOX 952518  
LAKE MARY FL 32795-2518



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/30/1990

3a. Date of Last Report

02/06/1996

4. FEI Number

58-1917802

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

DATRAN CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DRIVE PH  
MIAMI FL 33156

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 607.0502 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
POMERANCE, DAVID M.  
2421 S.E. BAHIA WAY  
STUART FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERNSTEIN, RICHARD N.  
2601 S BAYSHORE DRIVE PH  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COHEN,JEFFREY COHEN  
2601 S BAYSHORE DRIVE PH  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
POMERANCE, DAVID M.  
2421 S.W. BAHIA WAY  
STUART FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
POMERANCE, DAVID M.  
2421 S.W. BAHIA WAY  
STUART FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
POMERANCE, DAVID M.  
2421 S.W. BAHIA WAY  
STUART FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

CR2E034 (9/96)