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

PROFIT CORPORATION ANNUAL REPORT

1998



Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S09886

(0)

POMERANCE FINANCIAL CORPORATION OF FLORIDA

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						i ibailaik ili fakib ibibi laidi ibila d	il didi li græll i	TERNE BERET BIRT		
P.O. BOX 9525 LAKE MARY FL	P.O. BOX 952518 LAKE MARY FL 32795-9510				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified		•		
	10					10/30/1990		 		
2. Principal Pla	ace or Business	2a, Mailing Address				4. FEI Number			plied For	
\$uite, Apt. #	l etc	Suite, Apt. #, etc.				58-1917802		\$8.75	t Applicable	
22		27				5. Certificate of Status Desired		Fee Re		
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible				
24	25 29 3		30			Personal Property Tax due June			No	
				10. Name and Address of New Re	gistered /	gent				
DATRAN CORPORATE AGENTS, INC.					Name HC CARTHY TERENCE P.					
2001 SOUTH BAYSHORE DRIVE PH					\ddres	s (P.O. Box Number is Not Acceptal	ole)			
MIAMI FL 33156					<u> 202</u>		<u>, </u>			
				<u> </u>	2-	A				
				4 City	^	IBRT	FL	85 Zig	188/2	
11. Pursuant to	s, the abo	ve-named o	corpor	ation submits this statement for the	ourpose of	changing It	s registered			
office or re	o the provisions of Sections 607.0502 gistered agent, or both, in the State in I lengther with, and accept the bliga	of Floridal Such change was a Musical Section 207 0505. Flo	uthorized ! rida Statut	by the corp es	oration	n's board of directors. I hereby accel	pt the appx	intment as	registered	
	TOLENIE I M	CANTHU	3/16	198						
SIGNATURE -	Sphalure, typed or printed harve of registered agen	of and title if apply ab (NOTE	gent signature i	required	when reinstating)	DATE	 			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	DIA	☐ DELETE 1.1 T			₽R	BSIDENT /TREASULER		Change	Addition	
NAME	POMERANCE, DAVID M.		1.2 NAM	1.2 NAME						
STREET ADDRESS	2421 S.E. BAHIA WAY		1.3 STREET ADDRESS							
CITY-SY-ZIP	STUART FL			1.4 CITY-ST-ZIP		annes / deremant		F-1 -: -		
TITLE	D	7-7		1 TITLE		EPRES/SECKETARY		☐ Change	Addition	
NAME	BERNSTEIN, RICHARD N.		22 NAME		N	ORHA G. LBRNER O. BOX 952518NIP				
STREET ADDRESS	2601 S BAYSHORE DRIVE PH			ET ADDRESS	LK HARY FL 3279		300			
City-St-ZiP	MIAMI FL	- A point		-ST-ZIP		MARY PC 32/93-	15/8	1 0	4.400	
TITLE	D DEFETE		3.1 TITLE	1		•	•	Change	Addition	
NAME	COHEN, JEFFREY COHEN		3.2 NAM	1						
STREET ADDRESS	2601 S BAYSHORE DRIVE PH MIAMI FL		1	ET ADDRESS		•.				
CITY-ST-ZIP	D D	SCI DELETE	3.4. CITY					Change	Addition	
TITLE	POMERANCE, DAVID M.	Detter	4.1 TITLE	1				Onange	Addition	
NAME	2421 S.W. BAHIA WAY		4. 2 NAV	1						
STREET ADDRESS	STUART FL			ET ADDRESS						
CITY-ST-ZIP TITLE	SIOARI FE	DELETE	4.4 CITY 5.1 TITLE					Change	Addition	
NAME		La vecere	5.2 NAM	- 1						
STREET ADDRESS				ET ADDRESS						
į.				- 1						
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY 6.1 TITLE					Change	☐ Addition	
NAME			6.2 NAM	1				+::milks		
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP			6.4 CITY	- 1						
			0.7 0111	W 1 B-11						

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 occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachment with an address.