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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

Principal Place of Business

FT LAUDERDALE FL 33334

2. Principal Place of Business

4973 NE 9 AVE

S13571

2217 CYPRESS ISLAND DR.

POMPANO BEACH FL 33069

Mailing Address

SUITE 502

2a. Mailing Address

THE INTERNATIONAL CLUB OF POMPANO BEACH, INC.

21 26 65-0227045 Not Applicable Suite, Apt. #. etc. \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζip Country B. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALL, CHARLES S. 2217 CYPRESS ISLAND DR Street Address (P.O. Box Number is Not Acceptable) **#502** 83 POMPANO BEACH FL 33069 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 fille if applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ■ DELETE 1.1 TITLE Change ___ Addition NAME HALL, CHARLES S. 1.2 NAME 2217 CYPRESS ISL DR #502 1.3 STREET ADDRESS STREET ADORESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP □ DELETE 2.1 TITLE Change Addition TITLE 22 NAME NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP

3 1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

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:

TITLE.

NAME

TITLE NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

☐ DELETE

DELETE

Change

Change

Change

☐ Change

Addition

Addition

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☐ Addition

FILED

May 06 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/19/1990 4. FEI Number

Applied For