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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

CORPORATION ANNUAL REPORT 1997			Secretary of Sta DIVISION OF CORPO		State		Secretary of State			
DOCUN 1. Corporation POMBUI	n Name	S44934	(5)							
			Mailing Address		<u>.</u>					
Principal Place of Business Mailing Address C/O JEFFREY A. DEUTCH ESO. C/O JEFFREY A. DEUTCH 7777 GLADES RD. STE. BOCA RATON FL 33434 BOCA RATON FL 33434 Mailing Address C/O JEFFREY A. DEUTCH 7777 GLADES RD. STE. BOCA RATON FL 33434-41										
US SU			U\$				3. Date incorporated or Qualified 04/12/1991	3a. Date of L. 04/02/19		hod
2. Principal Pl	ace of Busino:	SS .	2a. Mailing Address				4. FEI Number			lied For
21 Cuite Ast	4 oto		26 Cuito Ant # oto				98-0119513			Applicable
Suite, Apt. :			Suite, Apt. #, etc.		<u></u>		5. Certificate of Status Desired	F(e Requ	
City & State)		City & State				Election Campaign Financing Trust Fund Contribution		.00 м lded to	
Zip	Country				Country		8. This corporation has liability for			
24	2	<u> </u>	29	30				Yes No		
		nd Address of Current	Registered Agent		B1 N	ame	10. Name and Address of New Re	gistered Agent		
	ITCH, JEFFR								·	
7777 GLADES RD STE 300						reet Addre	ess (P.O. Box Number is Not Acceptat	ele)		
T	CA RATON F	L 33434			B3					
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					1 1	-				1
11, Pursuant I office or re	to the provision egistered ager	ns of Sections 607.0502 nt, or both, in the State o and accept the obligati	and 607,1508, Florida Sta f Florida, Such change wat lons of, Section 607,0505.	itutes, the a as authorize Florida Sta	bove-na d by the tutes.	med corp corporati	oration submits this statement for the p ion's board of directors. I hereby accep	or the appointment	ing its i	registered gistered
SIGNATURE										
40	Signature, typed or	printed name of registered agent OFFICERS AND			d Apent sig	nature require	ed when reinstating)	DATE	TORC	101.10
12.	PSD	OFFICERS AND	DELETE	13.	TLE		ADDITIONS/CHANGES TO OFFIC	Ch		Addition
NAME	POMERAN	TZ. SAUL		1.2 N		j			-	
STREET ADORESS		ARIE BLVD., SUITE 20	00	1.3 S	TREET ADD	RESS				[}
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TITLE			☐ DELETE	6.1 T	ITLE		20000212	الأول حرور	ange	Addition
NAME				6.2 N	AME	:	30000213 -04/10/97010)6n22		
STREET ADORESS				635	TREET ADO	RESS	***165.00			,

14. I do hereby certify that the information supplied with this filling 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: Franklin Gattinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF LER

April 1, 1997 (514)341-8600

FILED

Apr 09 1997 8:00am