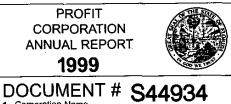
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name POMBULL, INC.

BOCA RATON FL 33434



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

BOCA RATON FL 33434

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90196 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

04/12/1991

·		
Principal Place of Business	Mailing Address	
C/O JEFFREY A. DEUTCH ESO. 7777 GLADES RD. STE. #300	C/O JEFFREY A. DEUTCH ESO. 7777 GLADES RD. STE. #300	

2. Principal P	race of Business	į za. Mann	ig Audress				, ,	, I El Iddillo	01			1 179	ppiloa i oi
21		26						98-0119	513			N	ot Applicable
Suite, Apt.								5. Certificate of Status Desired			· -	\$8.75 Additional Fee Required	
City & Stat	te	-+-1	k State				6	i. Election C	ampaign Fi	nancing		\$5.00	May Be
23		28					-		1 Contribution	-			to Fees
Zip	Country	Zip		Cou	intry		8	. This corpo	ration owes	the curr	ent year in	ıtangible	_
24	25 29 30					Personal Property Tax.						Yes	□No
	9. Name and Address of Current	Registered /	Agent				10). Name and	Address	of New R	egistered	l Agent	
DELL	TOU IEEEDEV A				81	Name							
DEUTCH, JEFFREY A 7777 GLADES RD				82 Street Address (P.O. Box Number is Not Acceptable)									
	STE 300												
	CA RATON FL 33434				83								•
ВОС	A NATON FL 30404			•	84	City					FL	85 Zip	Code
			5 F1 - 3 T G(-1-1-		ĻЦ			an aubasita ti	io otatama	of for the			e registered
office or I	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligation	t Florida. Suc	:h change was at	utnonzec	ı by t	ne corporatio	on's t	on submits to	ctors. I here	by accep	t the appo	intment as re	egistered
SIGNATURE		and sittle if applicable	the CHOTE:	Dogietored	Agent	signature require	d when	3 (einstating)			DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	Agent	Signature requires	-		CHANGE:	S TO OF		ND DIRECTO	ORS IN 12
TITLE	PSD	<u> </u>	DELETE	1.1 TI	TLE							Change	☐ Addition
NAME	POMERANTZ, SAUL			1.2 N	AME								
STREET ADDRESS	AAAA DEGA DIE BUAD GUITTE OO	10				ADDRESS							
CITY-ST-ZIP	MT ROYAL QC	-		1	TY-ST								
TITLE	VTD		DELETE	2.1 TI						,		Change	Addition
NAME	GATTINGER, FRANKLIN			2.2 N	AME	٠				•			
STREET ADDRESS	ACCOUNTED THE OUTE OF	D .		2.3 \$	TREST	ADDRESS							
CITY-ST-ZIP	MT ROYAL QC	-			ITY-S1								
TITLE	VASD	-	X DELETE	3.1 TI					~			☐ Change	Addition
NAME	POMERANTZ, TERRY			3.2 N	AME	1							
STREET ADDRESS	AAAA SECURIE DUUG GUITE AA	O		3.3 \$	TREET	ADDRESS							
CITY-ST-ZIP	MT ROYAL QC	-			ПҮ-S1								
TITLE			☐ DELETE	4.1 TI								☐ Change	Addition
NAME				4. 2 N	AME								
STREET ADDRESS				4.3 S	TREET	ADDRESS							
CITY-ST-ZIP] :				TY-ST								
TITLE			☐ DELETE	5.1 TI						-		Change	Addition
NAME				5.2 N	AME								
STREET ADDRESS				5.3 S	TREET	ADDRESS							
CITY-ST-ZIP				5.4 C	πy-sτ	- ZIP							
TITLE			☐ DELETE	6.1 TI	TLE							Change	Addition
NAME				6.2 N	AME	1							
STREET ADDRESS	,			6.3 S	TREET	ADDRESS							
	I .			0.40	m/ ^-								

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 actives, with all other like empowered.

Frank Gattinger

SIGNATURE:

SIGNATURE:

April 1/1999 (514 341–8600)

SIGNATURE: