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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 05 1998 8:00am Secretary of State

	MENT # S59609 Name . ASSOCIATES OF POMPAN				
Principal Place of Business Mailing Address					ELE BANTI DIRIT BIRIT REDIT INDI
2300 CORPORATE BLVD NW 8534 E KEMPER RD EXECUTIVE CT II SUITE 232 CINCINNATI OH 45249 BOCA RATON FL 33431 US					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
4 Oringinal C	Blace of Business	On Mallion Address		06/10/1991	
		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		65-0269718	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	
<del></del>		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	J Agent
	CK, LOUIS S.		81 Name		
2300 CORPORATE BLVD EXECUTIVE CT II SUITE 232			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
			o il cut / ida	1005 (Fig. Box Hambol 15 Hot Necoplable)	
ВО	CA RATON FL 33431		83		
			84 City	***************************************	
			O4 City	FI	85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0503 registered agent, or both, in the State om familiar with, and accept the obliga	2 and 607 1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	tes, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	of changing its registered pointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agric		E: Registered Agent signature requ		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	BECK, LOUIS S.		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	2300 CRPT BVD NW II #232				
	BOCA RATON FL		1.3 STREET ADDRESS		ļi
CITY-ST-ZIP TITLE	DOOR INTOKTE	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		L DECEME	2.1 TITLE 2.2 NAME		L. Change L. Addition
STREET ADDRESS					
			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		L) bereit	3.2 NAME		Change [1 Magrid])
STREET ADDRESS			1		
CITY-ST-ZIP			3.3 STREET ADDRESS		ļ
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		C) beerle	4.2 NAME		C Change C Admitted
STREET ADDRESS			B I		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME		☐ orreit	5.1 TIPLE		Change Addition
ı			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETÉ	5.4 CITY - ST - ZIP		Channe 1 4 days
TITLE		ר"ו מנונונ	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-7IP		

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.

CIONATURE OF A

Louis S. Beck

1/22/00

(510) 400 105