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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:52

DOCUMENT # P02437 (2)

1. Corporation Name
POMPANO PARK ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1800 SOUTHWEST THIRD STREET ATTN: GENERAL MANAGER POMPANO BEACH FL 33069	1800 SOUTHWEST THIRD STREET ATTN: GENERAL MANAGER POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1984**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-2437426** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DURIS, HAROLD
1800 S.W. 3D ST.
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTS	1.1 TITLE	☐ Change ☐ Addition
NAME	LANG, MICHAEL J.	1.2 NAME	
STREET ADDRESS	2469 IRONWORKS PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	CASHMAN, JOHN A. JR.	2.2 NAME	
STREET ADDRESS	2469 IRONWORKS PIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TOLLESON, ROY M., JR.	3.2 NAME	
STREET ADDRESS	ONE VILLAGE GREEN CIR	3.3. STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	3.4 CITY-ST-ZIP	
TITLE	EVG	4.1 TITLE	☐ Change ☐ Addition
NAME	DURIS, HAROLD S.	4.2 NAME	
STREET ADDRESS	595 GREENSWARD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	FINKELSON, ALLEN J.	5.2 NAME	
STREET ADDRESS	2741 N.E. 39TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT. FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VAN LENNEP, MARY	6.2 NAME	
STREET ADDRESS	3377 NORTH OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted in an attachment with an address.

SIGNATURE: _____ Michael J. Lang 1/20/95 305-972-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

011237 CP