

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 6/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/15/1984

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Po Box 11889

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Lexington Ky

30 US

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. 190.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name THEODORE G. THOBURN

82 Street Address (P.O. Box Number is Not Acceptable)
COMERICA BANK & TRUST

83 2401 PGA Boulevard Suite 198

84 City Palm Beach Gardens FL 85 Zip Code 33410

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

THEODORE G. THOBURN

(NOTE: Registered Agent signature required when transferring)

6/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME VTS
STREET ADDRESS LANG, MICHAEL J.
CITY-ST-ZIP 2469 IRONWORKS PIKE
LEXINGTON KY

TITLE ☐ DELETE
NAME P
STREET ADDRESS CASHMAN, JOHN A. JR.
CITY-ST-ZIP 2469 IRONWORKS PIKE
LEXINGTON KY

TITLE ☐ DELETE
NAME D
STREET ADDRESS TOLLESON, ROY M., JR.
CITY-ST-ZIP ONE VILLAGE GREEN CIR
CHARLOTTESVILLE VA

TITLE ☒ DELETE
NAME EVG
STREET ADDRESS DURIS, HAROLD S.
CITY-ST-ZIP 595 GREENSWARD LANE
DELRAY BEACH FL

TITLE ☒ DELETE
NAME V
STREET ADDRESS FINKELSON, ALLEN J.
CITY-ST-ZIP 2741 N.E. 39TH ST.
LIGHTHOUSE PT. FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS VAN LENNEP, MARY
CITY-ST-ZIP 3377 NORTH OCEAN BLVD
DELRAY BEACH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael J. Lang V.P. Finance

6/11/96 606-231-8768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)