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
Jan 28 1998 8:00am
Secretary of State

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	P O BOX 11889 LEXINGTON KY 40578 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1984

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOBURN, THEODORE G
COMMERCIAL BANK & TRUST
2401 PGA BOULEVARD SUITE 198
PALM BEACH GARDENS FL 32410

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	☐ DELETE	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	P	☐ DELETE	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	☐ DELETE	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	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAN LENNEP, MARY		4.2 NAME		
STREET ADDRESS	3377 NORTH OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: [signature] PRESIDENT-T. LANG 1/9/98 606 >31-8768

CR2E034 (10/97)