


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:44

DOCUMENT # 321854 (2)

1. Corporation Name
ANTIQUERS AERODROME INC

Principal Place of Business: 6530 SKYLINE DR, DELRAY BEACH FL 33446 US
Mailing Address: 6530 SKYLINE DR, DELRAY BEACH FL 33446 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1972
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business: 21
2a. Mailing Address: 25

21 Suite, Apt. #, etc.:
25 Suite, Apt. #, etc.:

22 City & State:
27 City & State:

23 Zip: 25 Country:
27 Zip: 29 Country:

24 Zip: 25 Country:
27 Zip: 29 Country:

2. Principal Place of Business: 21
2a. Mailing Address: 25

22 City & State:
27 City & State:

23 Zip: 25 Country:
27 Zip: 29 Country:

24 Zip: 25 Country:
27 Zip: 29 Country:

2. Principal Place of Business: 21
2a. Mailing Address: 25

22 City & State:
27 City & State:

23 Zip: 25 Country:
27 Zip: 29 Country:

24 Zip: 25 Country:
27 Zip: 29 Country:

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2a. Mailing Address: 25

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2a. Mailing Address: 25

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27 Zip: 29 Country:

2. Principal Place of Business: 21
2a. Mailing Address: 25

22 City & State:
27 City & State:

23 Zip: 25 Country:
27 Zip: 29 Country:

24 Zip: 25 Country:
27 Zip: 29 Country:

2. Principal Place of Business: 21
2a. Mailing Address: 25

22 City & State:
27 City & State:

23 Zip: 25 Country:
27 Zip: 29 Country:

4. FEI Number: 59-2478945
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

WRIGHT, JOANNE D
7396 SKYLINE DR
DELRAY BCH FL 33446

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City:
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: INFINGER, LYNDA
STREET ADDRESS: 7432 SKYLINE DR
CITY-ST-ZIP: DELRAY BCH FL

TITLE: VD
NAME: ECKELSON, BOB
STREET ADDRESS: 6884 SKYLINE DR
CITY-ST-ZIP: DELRAY BCH FL

TITLE: SD
NAME: WRIGHT, JOANNE
STREET ADDRESS: 7396 SKYLINE DR
CITY-ST-ZIP: DELRAY BCH FL

TITLE: D
NAME: LLOYD, ROBIN
STREET ADDRESS: 6925 SKYLINE DR
CITY-ST-ZIP: DELRAY BCH FL

TITLE: TD
NAME: BRITO, RAELENE
STREET ADDRESS: 8704 SKYLINE DR
CITY-ST-ZIP: DELRAY BCH FL

TITLE: D
NAME: LUMLEY, JOHN
STREET ADDRESS: 6778 SKYLINE DR
CITY-ST-ZIP: DELRAY BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: VD Change Addition

2.1 TITLE: PD Change Addition

3.1 TITLE: Change Addition

4.1 TITLE: D Change Addition
4.2 NAME: LIMOR, AVI
4.3 STREET ADDRESS: 6665 Skyline Drive
4.4 CITY-ST-ZIP: Delray Bch, FL. 33446

5.1 TITLE: TD Change Addition
5.2 NAME: VANLennep, John
5.3 STREET ADDRESS: 6888 Skyline Dr.
5.4 CITY-ST-ZIP: Delray Bch, FL. 33446

6.1 TITLE: Change Addition

14. I do hereby certify that the information supplied with this filing to voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Eckelsman 01/17/95 407-391-6415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type or Print #)