

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
CLASS OF CORPORATIONS

1996 4-25-96 B - 4461 C

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

3. Date Incorporated or Qualified: 07/05/1972
3a. Date of Last Report: 01/24/1995

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

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

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: Philip A Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 6703 Skyline Dr
83
84 City: Delray Beach, FL FL 85 Zip Code: 33446

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: PHILIP A THOMAS (typed or printed name) *Philip A Thomas* (Signature) 4-22-96 (Date)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	INFINGER, LYNDA	
STREET ADDRESS	7432 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ECKELSON, BOB	
STREET ADDRESS	6864 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, JOANNE	
STREET ADDRESS	7396 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LLOYD, ROBIN	
STREET ADDRESS	6925 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRITO, RAELENE	
STREET ADDRESS	6704 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUMLEY, JOHN	
STREET ADDRESS	6778 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Philip A Thomas	
13 STREET ADDRESS	6703 Skyline Dr	
14 CITY-ST-ZIP	Delray Beach, FL 33446	
21 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Charles Clapper	
23 STREET ADDRESS	6926 Skyline Dr	
24 CITY-ST-ZIP	Delray Beach, FL 33446	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Donald Evans	
33 STREET ADDRESS	6556 Skyline Dr	
34 CITY-ST-ZIP	Delray Beach, FL 33446	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Ken Scott	
43 STREET ADDRESS	7168 Skyline Dr	
44 CITY-ST-ZIP	Delray Beach, FL 33446	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	William Lumley	
53 STREET ADDRESS	7320 Skyline Dr	
54 CITY-ST-ZIP	Delray Beach, FL 33446	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Tom Baker	
63 STREET ADDRESS	7282 Skyline Dr	
64 CITY-ST-ZIP	Delray Beach, FL 33446	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the 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: *Philip A Thomas* 4-22-96 407 495 2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Phone #)

CR2E034 (12/95)