

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33446-2202 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1972	3a. Date of Last Report 04/25/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2478945		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS, PHILIP A 6703 SKYLINE DR DELRAY BEACH FL 33446				81. Name	Charles D Clapper		
				82. Street Address (P.O. Box Number is Not Acceptable)	6926 Skyline Dr		
				83. City	Delray Beach		
				84. State	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: *C.D. Clapper* **CHARLES D CLAPPER** **1-22-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THOMAS, PHILIP A		1.2 NAME: Margaret S Thomas	
STREET ADDRESS: 6703 SKYLINE DR		1.3 STREET ADDRESS:	
CITY-ST-ZIP: DELRAY BCH FL		1.4 CITY-ST-ZIP:	
TITLE: VPD	<input type="checkbox"/> DELETE	2.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CLAPPER, CHARLES		2.2 NAME:	
STREET ADDRESS: 6926 SKYLINE DR		2.3 STREET ADDRESS:	
CITY-ST-ZIP: DELRAY BCH FL		2.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EVANS, DONALD		3.2 NAME:	
STREET ADDRESS: 6556 SKYLINE DR		3.3 STREET ADDRESS:	
CITY-ST-ZIP: DELRAY BCH FL		3.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SCOTT, KEN		4.2 NAME: Ann Motley	
STREET ADDRESS: 7168 SKYLINE DR		4.3 STREET ADDRESS: 6969 Skyline Dr	
CITY-ST-ZIP: DELRAY BCH FL		4.4 CITY-ST-ZIP: Delray Beach, FL 33446	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUMLEY, WILLIAM		5.2 NAME:	
STREET ADDRESS: 7320 SKYLINE DR		5.3 STREET ADDRESS:	
CITY-ST-ZIP: DELRAY BCH FL		5.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BAKER, TOM		6.2 NAME:	
STREET ADDRESS: 7282 SKYLINE DR		6.3 STREET ADDRESS: 6740 Skyline Dr	
CITY-ST-ZIP: DELRAY BCH FL		6.4 CITY-ST-ZIP:	

14. I do 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: *C.D. Clapper* **1-22-97** **954 496-3693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)