

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

**FILED**

**Mar 13 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 321854 (2)**  
1. Corporation Name  
**ANTIQUERS AERODROME INC**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>6530 SKYLINE DR DELRAY BEACH FL 33446 US</b>		Mailing Address <b>6530 SKYLINE DR DELRAY BEACH FL 33446 US</b>	
21	22	26	27
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified  
**07/05/1972**

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

9. Name and Address of Current Registered Agent

**CLAPPER, CHARLES  
6926 SKYLINE DR  
DELRAY EBAHC 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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TO	<input type="checkbox"/> DELETE
NAME	THOMAS, MARGARET S.	
STREET ADDRESS	6703 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLAPPER, CHARLES	
STREET ADDRESS	6926 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, DONALD	
STREET ADDRESS	6556 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOTLEY, ANN	
STREET ADDRESS	6969 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUMLEY, WILLIAM	
STREET ADDRESS	7320 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, TOM	
STREET ADDRESS	6740 SKYLINE DR.	
CITY-ST-ZIP	DELRAY BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VPD ROBERT ECKELSON</b>
3.3 STREET ADDRESS	<b>664 SKYLINE DR</b>
3.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D KENNETH SCOTT</b>
6.3 STREET ADDRESS	<b>7168 SKYLINE DR</b>
6.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>

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: **MARGARET S THOMAS, TREASURER**  
*Margaret S Thomas* **3-9-98** **954 781-3737**

CR2E034 (10/97)