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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90074 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 321854

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  
 4. FEI Number: 59-2478945  
 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 the current year Intangible Personal Property Tax:  Yes  No

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

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: Lumley, William B.  
 82 Street Address (P.O. Box Number is Not Acceptable): 7320 Skyline Drive  
 83  
 84 City: Delray Beach 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: *William B. Lumley* DATE: 01/05/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, MARGARET S.	
STREET ADDRESS	6703 SKYLINE DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	PD	<input checked="" 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	ECKELSON, ROBERT	
STREET ADDRESS	6664 SKYLINE DR	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input checked="" 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 type="checkbox"/> DELETE
NAME	SCOTT, KENNETH	
STREET ADDRESS	7168 SKYLINE DR	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lumley, William B.	
1.3 STREET ADDRESS	7320 Skyline Drive	
1.4 CITY-ST-ZIP	Delray Beach, FL	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scott, Kenneth	
2.3 STREET ADDRESS	7168 Skyline Drive	
2.4 CITY-ST-ZIP	Delray Beach, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Schulte, Monika	
3.3 STREET ADDRESS	6925 Skyline Drive	
3.4 CITY-ST-ZIP	Delray Beach, FL	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lumley, James H	
4.3 STREET ADDRESS	7282 Skyline Drive	
4.4 CITY-ST-ZIP	Delray Beach, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Byrd, John M	
5.3 STREET ADDRESS	6814 Skyline Drive	
5.4 CITY-ST-ZIP	Delray Beach, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Blake, Alfred M	
6.3 STREET ADDRESS	6889 Skyline Drive	
6.4 CITY-ST-ZIP	Delray Beach, FL	

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, with all other like empowered.

SIGNATURE: *William B. Lumley* DATE: 01/05/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)