

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 700303 (1)
1. Corporation Name
PILOT CLUB OF FORT LAUDERDALE FLORIDA, INC.



Principal Place of Business % M.E. GALLANT 2455 SW 42 TR FT. LAUDERDALE FL 33317 US	Mailing Address % M.E. GALLANT 2455 SW 42 TR FT. LAUDERDALE FL 33317 US
---	---

3. Date Incorporated or Qualified 12/23/1959	3a. Date of Last Report 05/01/1996
--	--

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

4. FEI Number 59-6153246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GALLANT, MARIE E.
2455 SW 42 TERRACE
FT. LAUDERDALE FL 33317**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MURRAY, JEAN S
STREET ADDRESS	2280 N.E. 67 ST. #102
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	LARGE, ELIZABETH
STREET ADDRESS	2260 NE 62 ST.
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	S <input type="checkbox"/> DELETE
NAME	OGDEN, GRACE
STREET ADDRESS	248 UTAH AVE.
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	BITTNER, BARBARA
STREET ADDRESS	4420 W. TRADESWINDS AV.
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GALLANT, MARIE
STREET ADDRESS	2455 SW 42 TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33317
TITLE	D <input type="checkbox"/> DELETE
NAME	WADSWORTH, EVELYN
STREET ADDRESS	4411 NE 16 TERRACE
CITY-ST-ZIP	OAKLAND PARK FL 33334

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Reydel, Margaret
1.3 STREET ADDRESS	4305 Cleveland Street
1.4 CITY-ST-ZIP	Hollywood, FL 33021
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kolber, Phyllis
2.3 STREET ADDRESS	3111 N Ocean Drive Apt 806
2.4 CITY-ST-ZIP	Hollywood, FL 33019
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gallant, Marie
4.3 STREET ADDRESS	2455 SW 42 Terrace
4.4 CITY-ST-ZIP	Fort Lauderdale FL 33317
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Murray, Jean
5.3 STREET ADDRESS	2260 NE 67 Street #1702
5.4 CITY-ST-ZIP	Fort Lauderdale FL 33308
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Large, Elizabeth
6.3 STREET ADDRESS	2260 NE 62 Street
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CF2E037 (9/96)

Marie E. Gallant, 6/16/97 (054) 587-1700