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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700303

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
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21 Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address % M.E. Gallant 2455 SW 42 Tr City & State FT Lauderdale Zip 33317	30. Date Incorporated or Qualified 12/23/1959	4. FEI Number 59-6153246	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional -- Fee Required	
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				\$5.00 May Be Added to Fees

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 *Same*

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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	<i>Director</i>	<input type="checkbox"/> DELETE
NAME	REYDEL, MARGARET	
STREET ADDRESS	4305 CLEVELAND ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	<i>Pres.</i>	<input type="checkbox"/> DELETE
NAME	KOLBER, PHYLLIS	
STREET ADDRESS	3111 N OCEAN DR, APT. 806	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	<i>S</i>	<input type="checkbox"/> DELETE
NAME	OGDEN, GRACE	
STREET ADDRESS	248 UTAH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	<i>Vice Pres.</i>	<input type="checkbox"/> DELETE
NAME	GALLANT, MARIE	
STREET ADDRESS	2455 SW 42 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	<i>T</i>	<input type="checkbox"/> DELETE
NAME	GRUTZMACHER, DOROTHY	
STREET ADDRESS	128 S. CYPRESS ROAD, SUITE 718	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	<i>D</i>	<input type="checkbox"/> DELETE
NAME	LARGE, ELIZABETH	
STREET ADDRESS	2260 NE 62 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Pres. Elect</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARIE BROWN	
1.3 STREET ADDRESS	597 E. 28 Street	
1.4 CITY-ST-ZIP	FT Lauderdale FL 33334	
2.1 TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elizabeth Crowley	
2.3 STREET ADDRESS	2611 NE 54 St.	
2.4 CITY-ST-ZIP	FT Lauderdale FL 33308	
3.1 TITLE	<i>CS</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phyllis Bogard	
3.3 STREET ADDRESS	2099 NE 54 Ct.	
3.4 CITY-ST-ZIP	FT Lauderdale FL 33308	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, 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: *[Signature]* 1/30/99 954-785-4960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (1/98)