

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED

95 APR 24 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 706282 (1)

1. Corporation Name
SKY HARBOUR EAST, INC.

Principal Place of Business Mailing Address
2100 SOUTH OCEAN DRIVE FT LAUDERDALE FL 33316-3816 **2100 SOUTH OCEAN DRIVE FT LAUDERDALE FL 33316-3816**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/14/1963** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-1030455** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF PA
 EMERALD LAKE CORPORATE PARK
 3111 STIRLING ROAD
 FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	F
NAME	FITZGERALD JEAN
STREET ADDRESS	2100 S OCEAN DR 10CD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	CLARK HELEN B.
STREET ADDRESS	2100 S OCEAN DR 9A
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	MURPHY DANIEL
STREET ADDRESS	2100 S OCEAN DR 9B
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	CRAMER MARGERY MARGERY
STREET ADDRESS	2100 S OCEAN DR 9F
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	V
NAME	LUEDER WENDY KRUEGER
STREET ADDRESS	2100 S OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	S
NAME	VANDUSSELDORP BARBARA
STREET ADDRESS	2100 S OCEAN DR 11-M
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R RINGLE, JOHN
1.3 STREET ADDRESS	2100 S. OCEAN DRIVE #16-J
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CORNISH, HAROLD
2.3 STREET ADDRESS	2100 S. OCEAN DRIVE #7-G
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP KRUEGER, SHIRLEY ANN
5.3 STREET ADDRESS	2100 S. OCEAN DRIVE #16-M
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *[Signature]* **JOHN D. RINGLE** **4-13-95** **305-767-6105**
 PRESIDENT