

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1996 326-96

B-2739 DIVISION OF CORPORATIONS C

DOCUMENT # 706282

(1)

1. Corporation Name
SKY HARBOUR EAST, INC.



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

3. Date Incorporated or Qualified: 10/14/1963
3a. Date of Last Report: 04/24/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1030455	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF PA
EMERALD LAKE CORPORATE PARK
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	RINGLE, JOHN	1.2 NAME	SHIRLEY ANN KRUEGER
STREET ADDRESS	2100 S. OCEAN DR. #160	1.3 STREET ADDRESS	2100 S. Ocean Dr. 16-M
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	D
NAME	CORNISH, HAROLD	2.2 NAME	MENDEL WESTBERG
STREET ADDRESS	2100 S. OCEAN DR. #70	2.3 STREET ADDRESS	2100 S. Ocean Dr 12-G
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	MURPHY DANIEL	3.2 NAME	ANGELIQUE LONG
STREET ADDRESS	2100 S OCEAN DR 9B	3.3 STREET ADDRESS	2100 S. Ocean Dr. 11-GD
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	CRAMER, MARGERY	4.2 NAME	JEAN FITZGERALD
STREET ADDRESS	2100 S OCEAN DR 9F	4.3 STREET ADDRESS	2100 S. OCEAN DR 10 CD
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	VP
NAME	KRUEGER, SHIRLEYANN	5.2 NAME	JIM BEAN HEIM
STREET ADDRESS	2100 S. OCEAN DR. #16M	5.3 STREET ADDRESS	2100 S. Ocean Dr 12-GD
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S
NAME	VANDUSSELDORP BARBARA	6.2 NAME	ROBERTA FASILIS
STREET ADDRESS	2100 S OCEAN DR 11-M	6.3 STREET ADDRESS	2100 S. Ocean Dr 12-K
CITY-ST-ZIP	FT. LAUDERDALE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley Ann Krueger 3/20/96 (954) 522-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)