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Jul 07 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 # 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 33316-3806

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

3. Date Incorporated or Qualified: 10/14/1963
3a. Date of Last Report: 03/26/1996
4. FFI Number: 59-1030455
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes

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
81 Name
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	P	<input checked="" type="checkbox"/> DELETE
NAME	KRUEGGER, SHIRLEY ANN	
STREET ADDRESS	2100 S OCEAN DRIVE #16M	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WESTBERRY, MENDEL	
STREET ADDRESS	2100 S. OCEAN DRIVE #12-6	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONG, ANGLINQUE	
STREET ADDRESS	2100 SOUTH OCEAN DRIVE 11-CD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITZGERALD, JEAN	
STREET ADDRESS	2100 S OCEAN DRIVE 10-CD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BEANHEIM, JEAN	
STREET ADDRESS	2100 S OCEAN DRIVE #12-CD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FASILIS, ROBERTA	
STREET ADDRESS	2100 S. OCEAN DRIVE #12K	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jean Fitzgerald	
1.3 STREET ADDRESS	2100 S. Ocean Drive 10-CD	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33316	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Helen Clark	
2.3 STREET ADDRESS	2100 S. Ocean Drive 9A	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33316	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mendel Westberry	
3.3 STREET ADDRESS	2100 S. Ocean Drive 12-6	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33316	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary Hanna	
4.3 STREET ADDRESS	2100 S. Ocean Drive 7-CD	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Reginald Marshall	
5.3 STREET ADDRESS	2100 South Ocean Drive 15-H	
5.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33316	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William Greer	
6.3 STREET ADDRESS	2100 S. Ocean Drive 14-K	
6.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33316	

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.

Handwritten signature and date: M. B. M. 7/6/97

CR2E037 (9/96)