


FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90011 050 ****61.25

03/1/99

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706282

1. Corporation Name
SKY HARBOUR EAST, INC.

463937 - 90011 - 50

Principal Place of Business 2100 SOUTH OCEAN DRIVE FT LAUDERDALE FL 33316-3816	Mailing Address 2100 SOUTH OCEAN DRIVE FT LAUDERDALE FL 33316-3816
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/14/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1030455
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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		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	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: *[Signature]* DATE: 4-22-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTBERRY, MENDEL R	1.2 NAME	
STREET ADDRESS	2100 S OCEAN DR 12G	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, DONALD T	2.2 NAME	
STREET ADDRESS	21 S OCEAN DR 6M	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, MARY C	3.2 NAME	ROBERT DZAMBA
STREET ADDRESS	2100 S OCEAN DR 7CD	3.3 STREET ADDRESS	2100 S OCEAN DR 6F
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	3.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROUSE, FRANKLIN D	4.2 NAME	
STREET ADDRESS	2100 S OCEAN DR 15G	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, MARGERY C	5.2 NAME	DONALD KERR
STREET ADDRESS	2100 S OCEAN DR 9F	5.3 STREET ADDRESS	2100 S OCEAN DR 5A
CITY-ST-ZIP	FT LAUDERDALE FL 33316	5.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGLER, VICTORIA	6.2 NAME	JOHN RINGLE
STREET ADDRESS	2100 S OCEAN DR 10A	6.3 STREET ADDRESS	2100 S OCEAN DR 16J
CITY-ST-ZIP	FT LAUDERDALE FL 33316	6.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33316

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]* DATE: 4-22-99 DAYTIME PHONE #: 954-522-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)