

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730817 (4)

1. Corporation Name
PILOT CLUB OF MIAMI SHORES, INC.



Principal Place of Business
**11308 TAFT ST.
PEMBROKE PINES FL 33026
US**

Mailing Address
**11308 TAFT STREET
PEMBROKE PINES FL 33026
US**

3. Date Incorporated or Qualified
09/26/1974

3a. Date of Last Report
02/28/1995

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25

Country
30

4. FEI Number
23-7096948

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**

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

**FLANAGAN, NORMA HART
11308 TAFT ST.
PEMBROKE PINES FL 33026**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D NORMA HART FLANAGAN**

STREET ADDRESS **11308 TAFT STREET**

CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE DELETE

NAME **D ANITA RACKL**

STREET ADDRESS **50 N. E. 129TH STREET**

CITY-ST-ZIP **N. MIAMI FL**

TITLE DELETE

NAME **S MARY RANDAZZO**

STREET ADDRESS **1311 N.E. 105TH STREET # 1**

CITY-ST-ZIP **MIAMI SHORES FL**

TITLE DELETE

NAME **T MORDUCHAY, FLORENCE**

STREET ADDRESS **2150 SANS SOUCI BLVD #1506**

CITY-ST-ZIP **NORTH MIAMI FL**

TITLE DELETE

NAME **P DEREDA MAGUIRE**

STREET ADDRESS **11685 CANDAL DRIVE**

CITY-ST-ZIP **N. MIAMI FL**

TITLE DELETE

NAME **D MARGIE M. PROSSER**

STREET ADDRESS **7400 N.W. 55TH STREET**

CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **P MARIANNE HOGARTH**

2.3 STREET ADDRESS **3010 COVE DRIVE**

2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

3.1 TITLE Change Addition

3.2 NAME **D PATRICIA BENNETT**

3.3 STREET ADDRESS **11935 N.E. 11th COURT**

3.4 CITY-ST-ZIP **BISCAYNE PARK, FL 33161**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME **D DEREDA MAGUIRE**

5.3 STREET ADDRESS **11685 CANAL DRIVE**

5.4 CITY-ST-ZIP **NORTH MIAMI, FL 33181**

6.1 TITLE Change Addition

6.2 NAME **V RUTH HALDIN**

6.3 STREET ADDRESS **1739 N.E. 141st STREET**

6.4 CITY-ST-ZIP **NORTH MIAMI, FL 33181**

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 19.07(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: Florence Morduchay FLORENCE MORDUCHAY 2/21/96 (305) 893-2567

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

CR2E037 (12/95)