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Mar 04 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 # 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 33026-2138 US

3. Date Incorporated or Qualified: 09/26/1974
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-questions for Suite, City, State, Zip, and Country.
4. FEI Number: 23-7096948
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: FLANAGAN, NORMA HART, 11308 TAFT ST., PEMBROKE PINES FL 33026
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: NORMA HART FLANAGAN	1.1 TITLE: V	NAME: NORMA HART FLANNAGAN
STREET ADDRESS: 11308 TAFT STREET	CITY-ST-ZIP: PEMBROKE PINES FL	1.2 NAME: NORMA HART FLANNAGAN	1.3 STREET ADDRESS: 11308 TAFT ST.
TITLE: P	NAME: HOGARTH, MARIANNE	1.4 CITY-ST-ZIP: PEMBROKE PINES, FL 33026	2.1 TITLE: D
STREET ADDRESS: 3010 COVE DRIVE	CITY-ST-ZIP: FORT LAUDERDALE FL	2.2 NAME: MARIANNE HOGARTH	2.3 STREET ADDRESS: 3010 COVE DRIVE
TITLE: D	NAME: BENNETT, PATRICIA	2.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33312	3.1 TITLE: []
STREET ADDRESS: 11935 NE 11TH COURT	CITY-ST-ZIP: BISCAYNE PARK FL	3.2 NAME: []	3.3 STREET ADDRESS: []
TITLE: T	NAME: MORDUCHAY, FLORENCE	3.4 CITY-ST-ZIP: []	4.1 TITLE: []
STREET ADDRESS: 2150 SANS SOUCI BLVD #1506	CITY-ST-ZIP: NORTH MIAMI FL	4.2 NAME: []	4.3 STREET ADDRESS: []
TITLE: D	NAME: MAGUIRE, DEREDA	4.4 CITY-ST-ZIP: []	5.1 TITLE: []
STREET ADDRESS: 11685 CANAL DRIVE	CITY-ST-ZIP: NORTH MIAMI FL	5.2 NAME: []	5.3 STREET ADDRESS: []
TITLE: V	NAME: HALDIN, RUTH	5.4 CITY-ST-ZIP: []	6.1 TITLE: P
STREET ADDRESS: 1739 NE 141ST STREET	CITY-ST-ZIP: NORTH MIAMI FL	6.2 NAME: RUTH HALDIN	6.3 STREET ADDRESS: 1739 N.E. 141 STREET
		6.4 CITY-ST-ZIP: NORTH MIAMI, FL 33181	

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.

SIGNATURE: Florence Morduchay FLORENCE MORDUCHAY 2/18/97 (305) 893-2567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023958

CR2E037 (9/96)