


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750520 (9)**

1. Corporation Name  
**FLORIDA AVIATION HISTORICAL SOCIETY, INC.**

Principal Place of Business <b>C/O EDWARD C. HOFFMAN 99 EAST ORANGE STREET TARPON SPRINGS FL 34689</b>	Mailing Address <b>C/O EDWARD C. HOFFMAN 99 EAST ORANGE STREET TARPON SPRINGS FL 34689</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Zip	<b>25</b> Country
<b>29</b> Zip	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>01/07/1980</b>	
<b>4.</b> FEI Number <b>59-2103284</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**HOFFMAN, EDWARD G.  
99 EAST ORANGE STREET  
TARPON SPRINGS FL 34689**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFMAN, EDWARD C.</b>	
STREET ADDRESS	<b>99 E. ORANGE ST.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFMAN, JANE</b>	
STREET ADDRESS	<b>900 BAYSHORE DRIVE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOOPER, FLORANCE</b>	
STREET ADDRESS	<b>2960 59TH STREET</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, WARREN</b>	
STREET ADDRESS	<b>10912 HAMLIN BLVD.</b>	
CITY-ST-ZIP	<b>LARGO FL 34644</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, WARREN</b>	
STREET ADDRESS	<b>10912 HAMLIN BLVD.</b>	
CITY-ST-ZIP	<b>LARGO FL 34644</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, WARREN</b>	
STREET ADDRESS	<b>10912 HAMLIN BLVD.</b>	
CITY-ST-ZIP	<b>LARGO FL 34644</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ST. ARNOLD, RUSSELL</b>	
1.3 STREET ADDRESS	<b>172 CHESAPEAKE DR.</b>	
1.4 CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34689</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ETTINGER, MIKE</b>	
2.3 STREET ADDRESS	<b>6294 BAHIA DELMAR CIRCLE</b>	
2.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33715-804N</b>	
3.1 TITLE	<b>V-P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>McLAY, DAVID (MA)</b>	
3.3 STREET ADDRESS	<b>P.O. BOX 7153</b>	
3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34618</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WIDNER, BOB</b>	
4.3 STREET ADDRESS	<b>5260 43RD TERRACE N</b>	
4.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33709</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>BUSTON, WILLIAM</b>	
5.3 STREET ADDRESS	<b>4318 13 AVE. N.</b>	
5.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33713</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>KELLEY, ED</b>	
6.3 STREET ADDRESS	<b>4819 8th AVE. N. - # 305</b>	
6.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33713</b>	

**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.

SIGNATURE: Jane C. Hoffman 1-13-98 (813) 937-3854

CR2E037 (10/97)