

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N38421 (6)
 1. Corporation Name
EASTERN AIRLINES RETIREES ASSOCIATION, INC.



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|---|---|
| Principal Place of Business 4491 NW 36TH ST SUITE B MIAMI FL 33166 US | Mailing Address % PAUL G. MERCER 700 S ROYAL POINCIANA BLVD. #502 MIAMI SPRINGS FL 33166 |
|---|---|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 05/29/1990 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 4. FEI Number 59-2613167 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | | | |
|---|---|--|-----------------------|------------------------|---------------------------------|--------------|------------|
| 2. Principal Place of Business 21 700 S. ROYAL POINCIANA BLVD Suite, Apt. #, etc. 22 # 501 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 | 23 City & State MIAMI SPRINGS FL 33166 | 28 City & State 29 | 24 Zip 33166 | 25 Country MIAMI-DADE | 29 Zip 30 | 30 Country |
|---|---|--|-----------------------|------------------------|---------------------------------|--------------|------------|

9. Name and Address of Current Registered Agent

MERCER, PAUL G.
700 S ROYAL POINCIANA BLVD
#502
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PFISTER C. DOUGLAS | 1.2 NAME | |
| STREET ADDRESS | 7211 SW 132ND STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOODWARD, WILLIAM | 2.2 NAME | |
| STREET ADDRESS | 396 PAYNE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SPRINGS FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARONE, AUGUST F | 3.2 NAME | |
| STREET ADDRESS | 2145 SW 11 ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORRELLI, VITO | 4.2 NAME | |
| STREET ADDRESS | 10229 SW 57TH CT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | COOPER CITY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HACH, BOB | 5.2 NAME | |
| STREET ADDRESS | 987 NE 96 ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SHORES FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: C. Douglas Pfister **REC'D DOUGLAS PFISTER** 1/15/98 (305) 738-4483

CR2E037 (10/97)