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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38421

1. Corporation Name
EASTERN AIRLINES RETIREES ASSOCIATION, INC.

Principal Place of Business 700 S ROYAL POINCIANNA BLVD SUITE 501 MIAMI SPRINGS FL ## US	Mailing Address % PAUL G. MERCER 700 S ROYAL POINCIANNA BLVD. #502 MIAMI SPRINGS FL 33166
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 ROLAND H. MOORE ESQ	05/29/1990
22 City & State	27 HERMAN GRUBMAN & MOORE	4. FEI Number
23 Zip	28 100 SE 2ND ST, SUITE 2600	59-2613167
24 Country	29 33131	5. Certificate of Status Desired <input type="checkbox"/>
	30 U.S.A	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	Roland H. Moore, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	Herman Grubman & Moore
83 City	100 SE 2nd St. - Suite 2600
84 City	Miami
85 Zip Code	FL 33131-2101

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 * *Roland H. Moore* DATE **1-26-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PFISTER C. DOUGLAS	
STREET ADDRESS	7211 SW 132ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODWARD, WILLIAM	
STREET ADDRESS	396 PAYNE DR	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARONE, AUGUST F	
STREET ADDRESS	2145 SW 11 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BORRELLI, VITO	
STREET ADDRESS	10229 SW 57TH CT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HACH, BOB	
STREET ADDRESS	987 NE 96 ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LOUISE M. NENTWIG	
5.3 STREET ADDRESS	28100 SW 177 AVE	
5.4 CITY-ST-ZIP	HOMESTEAD FL 33030-1915	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other lists empowered.

SIGNATURE: *Paul G. Mercer* DATE **1/30/99** DAYTIME PHONE # **305-238-4483**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)