

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V39356** (3)
1. Corporation Name
NORTH PERRY CHAPTER OF THE FLORIDA AERO CLUB, IN C.

Principal Place of Business Mailing Address
2134 HOLLYWOOD BLVD **2134 HOLLYWOOD BLVD**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020-6701**
US **US**

3. Date Incorporated or Qualified **05/26/1992** 3a. Date of Last Report **03/29/1996**
4. FEI Number **65-0410129** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
LAW OFFICE OF RAY A. SCHLICHT JR. P.A.
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **P HIGGINS, DAVID W**
STREET ADDRESS **1411 SW 87TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL**
TITLE ☐ DELETE
NAME **DV DOLIN, MIKE**
STREET ADDRESS **11118 DELTA CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**
TITLE ☐ DELETE
NAME **DS HIGGINS, VICKY**
STREET ADDRESS **1411 SW 87TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL**
TITLE ☐ DELETE
NAME **DT AUMICK, CHARLES**
STREET ADDRESS **446 NE 210 CIRCLE TERRACE #202**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *David W. Higgins* **DAVID W. HIGGINS** 7 FEB 97 (954) 437-8623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)