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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

V39356

(3)

DOCUMENT # NORTH PERRY CHAPTER OF THE FLORIDA AERO CLUB, IN

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2134 HOLYWOOD BLVD 2134 HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0410129 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LAW OFFICE OF RAY A. SCHLICHTE JR. P.A. 2134 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD FL 33020 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 R2E034 (10/97 13. DELETE Change Addition TITLE 1.1 TITLE HIGGINS, DAVID W MALIF 1.2 NAME 1411 SW 87TH TERRACE STREET ADDRESS 1.3 STREET ADORESS **PEMBROKE PINES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DOLIN, MIKE NAME 2.2 NAME 11118 DELTA CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE HIGGINS, VICKY NAME 3.2 NAME 1411 SW 87TH TERRACE STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 3.4. CITY-\$1-2IP Change DELETE TITLE 4.1 TITLE Addition **AUMICK, CHARLES** NAME 4. 2 NAME 446 NE 210 CIRCLE TERRACE #202 STREET ADDRESS 4 3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 officer or director of the corporati Block 12 or Block 13 if charged. 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 tion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I, or of an attachment with an address.

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