

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90019 040 \*\*\*150.00

**DOCUMENT # V39356**

1. Entity Name

**NORTH PERRY CHAPTER OF THE FLORIDA AERO CLUB,  
INC.**



Principal Place of Business

2134 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020  
US

Mailing Address

2134 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020  
US

**94052011**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0410129

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**LAW OFFICE OF RAY A. SCHLICHTE JR. P.A.**  
**2134 HOLLYWOOD BLVD.**  
**HOLLYWOOD FL 33020**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/7/04**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Delete  
NAME BRESLOW, ARNOLD  
STREET ADDRESS 1166 SE 6 CT  
CITY-ST-ZIP DANIA FL 33004

TITLE Vice President (VP) ☒ Change ☐ Addition  
NAME NORMAN Smith  
STREET ADDRESS 1130 102 ST  
CITY-ST-ZIP Bay Harbor Island FL 33154

TITLE P ☐ Delete  
NAME RESTAIRO, TONY  
STREET ADDRESS 8550 NW 24TH COURT  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME PINTO, SALLY  
STREET ADDRESS 8500 SUNSET STRIP  
CITY-ST-ZIP SUNRISE FL 33322

TITLE Sec (S) ☒ Change ☐ Addition  
NAME Patricia Breslow  
STREET ADDRESS 1166 SE 6TH CT  
CITY-ST-ZIP Dania FL 33004

TITLE T ☐ Delete  
NAME STEFFEY, JOHN  
STREET ADDRESS 2536 NASSAU LANE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME BRESLOW, PATRICIA  
STREET ADDRESS 1166 SE 6TH CT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32004

TITLE Cruise Director (CD) ☒ Change ☐ Addition  
NAME Arnold Breslow  
STREET ADDRESS 1166 SE 6TH CT  
CITY-ST-ZIP Dania FL 33004

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* Anthony Restairo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

954 4322069

Daytime Phone #