

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 321854

**FILED**  
**Oct 28, 2015**  
**Secretary of State**  
**CC3117357037**

**Entity Name:** ANTIQUERS AERODROME INC

**Current Principal Place of Business:**

6530 SKYLINE DR  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

6530 SKYLINE DR  
DELRAY BEACH, FL 33446 US

**FEI Number:** 59-2478945

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POLIAKOFF, RYAN D. ESQ.  
BACKER ABOUD POLIAKOFF & FOELSTER, LLP  
400 S. DIXIE HIGHWAY SUITE 420  
BOCA RATON, FL 33432 US

*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.*

**SIGNATURE:** RYAN D. POLIAKOFF

10/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LARSON, ERIC  
Address        6633 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

Title            TREASURER  
Name            HELM, MICHAEL  
Address        7050 SKYLINE DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            FINE, IRA  
Address        7470 SKYLINE DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title            PRESIDENT  
Name            DOWNS, MICHAEL  
Address        6969 SKYLINE DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            VAN LENNEP, JOHN  
Address        6888 SKYLINE DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title            DIRECTOR  
Name            ARONOWITZ, JACK  
Address        6591 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

Title            VP  
Name            LIGNELLI, ELIANE  
Address        7432 SKYLINE DR  
City-State-Zip: DELRAY BEACH FL 33446

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET THOMAS

**TREASURER**

10/28/2015

Electronic Signature of Signing Officer/Director Detail

Date