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Feb 12 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 # 463935 (7)
1. Corporation Name
94TH AERO SQUADRON OF PINELLAS COUNTY, INC.

Principal Place of Business Mailing Address
4155 E LA PALMA AVE 4155 E LA PALMA AVE
SUITE 250 SUITE 250
ANAHEIM CA 92807 ANAHEIM CA 92807-1857

3. Date Incorporated or Qualified 10/22/1974 3a. Date of Last Report 04/17/1996
4. FEI Number 94-2328498 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$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
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	TALICHET, DAVID C., JR.	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	DV	DELETE
NAME	TALICHET, CECILIA	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	AS	DELETE
NAME	MCMAHON, JUDITH	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	AT	DELETE
NAME	ROYSE, BOB D	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	ST	DELETE
NAME	TALICHET, CECILIA	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 (214) 529-3900

CR2E034 (9/96)