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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 578804 (7)

1. Corporation Name

94TH AERO SQUADRON OF W. PALM BEACH, INC.

Principal Place of Business

4155 E LA PALMA AVE.
SUITE 250
ANAHEIM CA 92807

Mailing Address

4155 E LA PALMA AVE.
SUITE 250
ANAHEIM CA 92807

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/14/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

95-3309772

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

SIGNATURE

Signature of Agent or Person who has been appointed to act as agent

Signature of Agent or Person who has been appointed to act as agent

AP

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and checked and qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included 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 this corporation or the manager or trustee responsible to make up this report as required by Chapter 143, Florida Statutes, and that my name appears in Block 12 of Block 13 of changed or new registration with an address.

SIGNATURE:

Cecilia Talichet V.P. Cecilia Talichet 4-21-95 714 579 3980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Printed