

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700303 (1)
1. Corporation Name
PILOT CLUB OF FORT LAUDERDALE FLORIDA, INC.



Principal Place of Business
**% M.E. GALLANT
2455 SR 42 TR
FT. LAUDERDALE FL 33317
US**

Mailing Address
**% M.E. GALLANT
2455 SW 42 TR
FT. LAUDERDALE FL 33317
US**

3. Date Incorporated or Qualified **12/23/1959** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-6153246** 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. **2455 SW 42 TR**
22. Suite, Apt. #, etc.
23. City & State
24. Zip 25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip 29. Country
30. Country

9. Name and Address of Current Registered Agent
**GALLANT, MARIE E.
2455 SW 42 TERRACE
FT. LAUDERDALE FL 33317**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MATUSESKI, JACQUELYN M.	
STREET ADDRESS	940 SW 29TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GALLANT, MARIE	
STREET ADDRESS	2455 SW 42 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OGDEN, GRACE	
STREET ADDRESS	248 UTAH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SUBLETTE, EARLINE	
STREET ADDRESS	5900 NW 22 WAY #826	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEARSON, PATRICIA	
STREET ADDRESS	2666 NE 35 DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOGARD, PHYLLIS	
STREET ADDRESS	2099 NE 54 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MURRAY, JEAN S.	
1.3 STREET ADDRESS	2260 N.E. 67 ST # 1702	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LARGE, ELIZABETH	
2.3 STREET ADDRESS	2260 N.E 62 ST	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	400001812004	
3.3 STREET ADDRESS	-05/07/96--01143--037	
3.4 CITY-ST-ZIP	***61.25	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BITTNER, BARBARA	
4.3 STREET ADDRESS	4420 W. TRADESWINDS AV	
4.4 CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GALLANT, MARIE	
5.3 STREET ADDRESS	2455 SW 42 TERR	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33317	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WADSWORTH, EVELYN	
6.3 STREET ADDRESS	4411 NE 16 TERR	
6.4 CITY-ST-ZIP	OAKLAND PARK, FL 33334	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie E. Gallant Date: 4-26-96 Daytime Phone #: (954) 587-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARIE E. GALLANT

CR2E037 (12/95)