

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701571 (2)

1. Corporation Name

CHAPTER 87, EXPERIMENTAL AIRCRAFT ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

C/O VIRGIL N. SALISBURY
5445 SW 89 PLACE
MIAMI FL 33165

C/O VIRGIL N. SALISBURY
5445 SW 89 PLACE
MIAMI FL 33165

3. Date Incorporated or Qualified

10/20/1960

4. FEI Number

73-6504737

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 same as above

26 same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALISBURY, VIRGIL N
5445 SW 89 PLACE
MIAMI FL 33165

81 Name

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

83 000002617960

-08/17/98--01123--027

84 City

***61.25

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 VIRGIL N SALISBURY REG. AGENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCROGGINS, JAMES R	
STREET ADDRESS	6245 FLAGLER ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCDONALD, JOHN	
STREET ADDRESS	1350 NE 153 STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SALISBURY, VIRGIL N.	
STREET ADDRESS	5445 SW 89TH PLACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARRER, MARY	
STREET ADDRESS	57011 NW 111 ST.	
CITY-ST-ZIP	HALEAH FL 33012	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President-Director	
1.3 STREET ADDRESS	John McDonald	
1.4 CITY-ST-ZIP	1350 NE 153rd St. Miami 33162	

2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James H. Smith	
2.3 STREET ADDRESS	7930 Biscayne Pt Circle	
2.4 CITY-ST-ZIP	Miami Beach FL 33141	

3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ernesto Santana	
3.3 STREET ADDRESS	11045 SW 42nd Tr.	
3.4 CITY-ST-ZIP	Miami FL 33165	

4.1 TITLE	Secretary (same)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Barrer	
4.3 STREET ADDRESS	5701 NW 111th St.	
4.4 CITY-ST-ZIP	Hialeah FL 33012	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR	
5.3 STREET ADDRESS	DONALD SPERONI	
5.4 CITY-ST-ZIP	1361 NE 103rd St. Miami Shores FL 33138	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director	
6.3 STREET ADDRESS	Risto Martilla	
6.4 CITY-ST-ZIP	1040 NE 104th St. Miami Shores FL 33138	

14. 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 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: John McDonald JOHN McDONALD 7-17-98 305-940-8757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)