

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

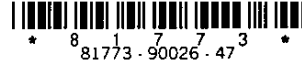
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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90026 047 ****61.25

DOCUMENT # 701571

1. Corporation Name

**CHAPTER 37, EXPERIMENTAL AIRCRAFT ASSOCIATION, I
NC.**



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

10/20/1960

4. FEI Number

73-6504737

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

9. Name and Address of Current Registered Agent

**SALISBURY, VIRGIL N
5445 SW 89 PLACE
MIAMI FL 33165**

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

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 **D** ☐ DELETE
NAME **SPERONI, DONALD**
STREET ADDRESS **1361 NE 103RD ST**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **PD** ☐ DELETE
NAME **MCDONALD, JOHN**
STREET ADDRESS **1350 NE 153 STREET**
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **D** ☐ DELETE
NAME **MARTILLA, RISTO**
STREET ADDRESS **1040 NE 104TH ST**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **S** ☐ DELETE
NAME **BARRER, MARY**
STREET ADDRESS **5701 NW 111TH ST**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **V** ☐ DELETE
NAME **SMITH, JAMES H**
STREET ADDRESS **7930 BISCAYNE PT CIRCLE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **T** ☐ DELETE
NAME **SANTANA, ERNESTO**
STREET ADDRESS **11045 SW 42ND TR**
CITY-ST-ZIP **MIAMI FL 33165**

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 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, with all other like empowered.

SIGNATURE:

John Speroni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 (305) 940-8757
Date Daytime Phone #

0033335

CR2E037 (11/98)