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FILED  
Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706419** (9)

1. Corporation Name

**SUNCOAST AERO MODELERS, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 5147  
CLEARWATER FL 34618

P.O. BOX 5147  
CLEARWATER FL 34618

3. Date Incorporated or Qualified

**11/20/1963**

4. FEI Number

**59-2491412**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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

**LECHNER, BERNARD J., ATTY.  
1243 LAKEVIEW ROAD  
CLEARWATER FL 34616**

81 Name

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

83

84 City

**FL** 85 Zip Code

**33756**

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	PD	<input type="checkbox"/> DELETE
NAME	<b>PILZ, WILLIAM</b>	
STREET ADDRESS	<b>2030 HIDDEN LAKE DR.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>WATTLEWORTH, ROBERT</b>	
STREET ADDRESS	<b>1309 HILLSIDE DR</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>WORDON, THEODORE</b>	
STREET ADDRESS	<b>3121 TANGLEWOOD TRAIL</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>SLOGGETT, RICHARD L</b>	
STREET ADDRESS	<b>3537 WOODMUSE DR</b>	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>LUECKE, WELTON</b>	
STREET ADDRESS	<b>3936 TARPON POINT CIR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WEISS, ELDEN</b>	
STREET ADDRESS	<b>2701 REGENCY OAKS BLVD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

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.

SIGNATURE:

**Richard L. Sloggett**

1/8/98

(813) 937-5399

CR2E037 (10/97)