


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90096 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706419**

1. Corporation Name

**SLNCOAST AERO MODELERS, INC.**

Principal Place of Business

P.O. BOX 5147  
CLEARWATER FL 34618

Mailing Address

P.O. BOX 5147  
CLEARWATER FL 34618



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33758 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33758 Country

3. Date Incorporated or Qualified

11/20/1963

4. FEI Number

59-2491412

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

LECHNER, BERNARD J., ATTY.  
1243 LAKEVIEW ROAD  
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
2115 Range Road

83

84 City Clearwater

FL

85 Zip Code 33765

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

Bernard J. Lechner

1-4-99

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 checked="" type="checkbox"/> DELETE
NAME	PILZ, WILLIAM	
STREET ADDRESS	2030 HIDDEN LAKE DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WATTLEWORTH, ROBERT	
STREET ADDRESS	1309 HILLSIDE DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WORDON, THEODORE	
STREET ADDRESS	3121 TANGLEWOOD TRAIL	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SLOGGETT, RICHARD L	
STREET ADDRESS	3537 WOODMUSE DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUECKE, WELTON	
STREET ADDRESS	3936 TARPON POINT CIR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, ELDEN	
STREET ADDRESS	2701 REGENCY OAKS BLVD	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GLUCKSMAN, MELVIN	
1.3 STREET ADDRESS	1227 MAINSAIL WAY	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LAUDATI, ROGER	
2.3 STREET ADDRESS	5335 BLACK PINE DR.	
2.4 CITY-ST-ZIP	TAMPA, FL 33624	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THOMSON, DONALD	
5.3 STREET ADDRESS	2454 SPINAKER CT.	
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PILZ, WILLIAM	
6.3 STREET ADDRESS	2030 HIDDEN LAKE DR.	
6.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	

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:

RICHARD L. SLOGGETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

(727) 937-5399

Date

Daytime Phone #

CR2E037 (11/98)