FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

99 APR 20 PM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708908

1. Corporation Name
CUTLER COVE POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
8935 SW 198th TERRACE MIAMI FL 33157-8969	8935 SW 198th TERRACE MIAMI FL 33157-8969

REINSTATEMENT 98-09

2. Principal Place of Business	2a. Mailing Address
21 8935 SW 198th TERRACE	26
Suite, Apt. #, etc. 22 MIAMI FL	Suite, Apt. #, etc. 27
City & State 23 33157-8969	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
05/06/1965

4. FEI Number
59-6170590
☐ 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

10. Name and Address of New Registered Agent

81 Name ELIZABETH MELTON
82 Street Address (P.O. Box Number is Not Acceptable)
83 8935 SW 198th TERRACE
84 City MIAMI FL **FL** 85 Zip Code 33157-8969

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 Elizabeth I. Melton ELIZABETH I. MELTON 7 APRIL 1999
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P D MITCHELL, MARSHALL 9410 SW 192 AVE DRIVE MIAMI FL 33157-1934	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P D MELTON, ELIZABETH I 8935 SW 198TH TERRACE MIAMI FL 33157-8969	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D BUTTON, PETE 30915 SW 214 AVE HOMESTEAD, FL 33030	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S D COHN, SHIRLEY J 12440 SW 191 ST MIAMI FL 33177-3838	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D GREGORY, LAURENCE 640 SE 27 AVE LN HOMESTEAD, FL 33030	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T D MCGEHEE, ANDREW J. 20150 SW 80 AVE MIAMI FL, 33189-2138	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change

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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: Elizabeth I. Melton ELIZABETH I. MELTON 7 APRIL 1999 (305) 258-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #