


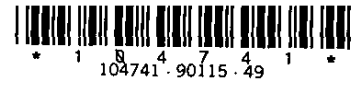
FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90115 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 709357</b> 1. Corporation Name <b>EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CHAPTER 74</b>		
Principal Place of Business P. O. BOX 140571 ORLANDO FL 32814 US	Mailing Address P. O. BOX 140571 ORLANDO FL 32814 US	



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
		<b>07/26/1965</b>
22	27	4
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FEI Number
		<b>59-1918173</b>
23	28	5
City & State	City & State	Certificate of Status Desired
		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	29	30
Zip	Zip	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

HAYDEN, BOB 4512 BRIDGEWATER DR ORLANDO FL 32817		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JOHN	1.2 NAME	
STREET ADDRESS	1741 MOHAWK TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLARES, EDWARD W	2.2 NAME	
STREET ADDRESS	4023 NEW HAMPTON COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S CARVETH, THOMAS A.	3.2 NAME	S PAWELKA, ROBERT
STREET ADDRESS	5 WEST SPRUCE STREET	3.3 STREET ADDRESS	6013 SHORELINE DR.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HAYDEN, BOB	4.2 NAME	<del>PAUL</del> VOGEL POHL, GREG
STREET ADDRESS	4512 BRIDGEWATER DR	4.3 STREET ADDRESS	935 PLATO AVE.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL 32809
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T CORBITT, JAMES C. JR.	5.2 NAME	
STREET ADDRESS	8500 JONES AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BULCHER, DAVE	6.2 NAME	D DUPUIS, REAL
STREET ADDRESS	616 VISCAYA AVENUE	6.3 STREET ADDRESS	5642 JEAN DR.
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO FL 32822

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: James C. Corbett Jr. **JAMES C. CORBITT JR** 1-11-99 407 880-2665  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)