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FILED

Mar 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 710883 (0)

1. Corporation Name

FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIA  
TION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7072  
LAKELAND FL 33807P.O. BOX 7072  
LAKELAND FL 33807-70723. Date Incorporated or Qualified  
05/13/19663a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKER, ESTHER  
1735 MAPLEWOOD DR.  
EDGEWATER FL 32032

81 Name

Schmale John K.

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

46800 Deep Woods Road

83

84 City

Paisley

FL

85 Zip Code

32767

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

4/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DECKER, ESTHER	
STREET ADDRESS	1735 MAPLEWOOD DR.	
CITY-ST-ZIP	EDGEWATER FL 32043	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WISE, ALLAN	
STREET ADDRESS	2517 CARRIBEAN CT.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALTERS, LINN	
STREET ADDRESS	1955 VALKARIA RD.	
CITY-ST-ZIP	VALKARIA FL 32950	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAGGART, KENNETH	
STREET ADDRESS	807-78TH ST.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DECKER, SHELLY	
STREET ADDRESS	1735 MAPLEWOOD DR.	
CITY-ST-ZIP	EDGEWATER FL 32043	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	SCHMALE, MARY BETH	
STREET ADDRESS	46800 DEEP WOODS RD.	
CITY-ST-ZIP	PAISLEY FL 32767	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Schmale, John K	
1.3 STREET ADDRESS	46800 Deep Woods Road	
1.4 CITY-ST-ZIP	Paisley FL 32767	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schmale, Mary Beth	
3.3 STREET ADDRESS	46800 Deep Woods Road	
3.4 CITY-ST-ZIP	Paisley FL 32767	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052913

CR2E037 (9/96)