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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90200 008 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 710883**

1. Corporation Name

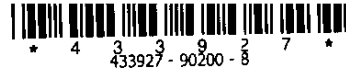
**FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 6631  
LAKELAND FL 33807

Mailing Address

P.O. BOX 6931  
LAKELAND FL 33807



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/13/1966

4. FEI Number

59-2837783

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

**WISE, ALLAN  
2517 CARIBBEAN COURT  
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **P** ☐ DELETE  
NAME **WISE, ALLAN**  
STREET ADDRESS **2517 CARIBBEAN COURT**  
CITY-STATE-ZIP **ORLANDO FL 32805**

TITLE **V** ☒ DELETE  
NAME **DECKER, SHELLY**  
STREET ADDRESS **1735 MAPLEWOOD DRIVE**  
CITY-STATE-ZIP **EDGEWATER FL 32043**

TITLE **SD** ☒ DELETE  
NAME **TURNER, STEVE**  
STREET ADDRESS **2140 PIONEER TRAIL**  
CITY-STATE-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☐ DELETE  
NAME **SCHANALE, JOHN K**  
STREET ADDRESS **46800 DEEP WOODS ROAD**  
CITY-STATE-ZIP **PAISLEY FL**

TITLE **D** ☐ DELETE  
NAME **DECKER, ESTER**  
STREET ADDRESS **1735 MAPLEWOOD DR.**  
CITY-STATE-ZIP **EDGEWATER FL 32032**

TITLE **T** ☐ DELETE  
NAME **MAGGART, KENNETH**  
STREET ADDRESS **807-78TH STREET**  
CITY-STATE-ZIP **TAMPA FL 33619**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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: **X**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**24 Apr 99**

**407-4225027**

Date

Daytime Phone #

CR2E037 (1/98)