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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719580 (3) 1. Corporation Name EVERGLADES POWER SQUADRON, INC.			
Principal Place of Business		Mailing Address	
% ALLEN 10821 SW 102 PLACE MIAMI FL 33176		10821 SW 102 PLACE C/O ALLEN MIAMI FL 33176-3432 US	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALLEN GEORGE E. JR 10821 SW 102 PLACE MIAMI FL 33176		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 <u>GEORGE E. ALLEN, JR.</u> <u>George E. Allen, Jr.</u> <u>4-27-97</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	COX, CHARLES W	1.2 NAME	
STREET ADDRESS	P.O. BOX 163309 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33116	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	MULLER, CARL F	2.2 NAME	CHAPPELL, ANDREW J.
STREET ADDRESS	9391 S.W. 55 STREET	2.3 STREET ADDRESS	1343 CASTLE AVE.
CITY - ST - ZIP	MIAMI FL 33165	2.4 CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	SD	3.1 TITLE	SD
NAME	NIELSEN, EVELYN W	3.2 NAME	MC CREARY, LEROY S.
STREET ADDRESS	340 S.W. 31 AVENUE	3.3 STREET ADDRESS	3705 SW 86 AVE.
CITY - ST - ZIP	MIAMI FL 33135	3.4 CITY - ST - ZIP	MIAMI, FL 33155
TITLE	VD	4.1 TITLE	VD
NAME	ALLEN, GEORGE E JR.	4.2 NAME	MULLER, CARL F.
STREET ADDRESS	10821 S.W. 102 PLACE	4.3 STREET ADDRESS	9391 SW 55 ST.
CITY - ST - ZIP	MIAMI FL 33176	4.4 CITY - ST - ZIP	MIAMI, FL 33165
TITLE	TD	5.1 TITLE	TD
NAME	ARGUDIN, BERNARDO	5.2 NAME	EADS, JAMES L.
STREET ADDRESS	11624 S.W. 101 TERRACE	5.3 STREET ADDRESS	14804 SW 124 CT.
CITY - ST - ZIP	MIAMI FL 33176	5.4 CITY - ST - ZIP	MIAMI, FL 33186
TITLE	VD	6.1 TITLE	VD
NAME	MIELCAREK, RALPH S.	6.2 NAME	ALLEN, JR. GEORGE E.
STREET ADDRESS	9500 SW 92ND AVE	6.3 STREET ADDRESS	10821 SW 102 PLACE
CITY - ST - ZIP	MIAMI FL 33156	6.4 CITY - ST - ZIP	MIAMI FL 33176
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: <u>George E. Allen, Jr.</u> <u>GEORGE E. ALLEN, JR</u> <u>4-27-97</u> <u>305-271-4959</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033053</small>			



CR2E037 (9/96)