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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90124 027 \*\*\*\*70.00

0038593

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 733134**

1. Corporation Name

**PALMETTO AMATEUR RADIO CLUB, INC.**

Principal Place of Business

C/O BERNARD STERNBERG  
9893 N. GRAND DUKE CIRCLE  
TAMARAC FL 33321  
US

Mailing Address

C/O BERNARD STERNBERG  
9893 N. GRAND DUKE CIRCLE  
TAMARAC FL 33321  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/20/1975

4. FEI Number

NOT APPLICABLE

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

STERNBERG, BERNARD  
9893 N. GRAND DUKE CIRCLE  
TAMARAC FL 33321

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 **ST** ☒ DELETE  
NAME **TRICH, SIDNEY**  
STREET ADDRESS **120 GOCOEN ISLES DRIVE**  
CITY-ST-ZIP **HALLANDALE FL 33312**

TITLE **TD** ☐ DELETE  
NAME **DREYER, WILLIAM**  
STREET ADDRESS **3650 N. 36TH AVENUE, VILLA 66**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **PD** ☒ DELETE  
NAME **STERNBERG, BERNARD**  
STREET ADDRESS **9893 N. GRAND DUKE CIRCLE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**ST** ☒ Change ☐ Addition  
**TEICH SIDNEY**  
**120 GOCOEN ISLES DRIVE**  
**HALLANDALE FL 33312**

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

☐ Change ☐ Addition

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

**PD** ☒ Change ☐ Addition  
**ROBERT BRDDERICK**  
**P.O. Box 22983**  
**FORT LAUDERDALE FL 33335-2983**

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ 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:** **SIGNATURE REQUIRED** *William Dreyer* 2-10-99 954-961-6366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)