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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738694** (9)

1. Corporation Name

303RD BOMB GROUP (H) ASSOCIATION, INC.



Principal Place of Business 1428 GLENEAGLES DRIVE VENICE FL 34292 US	Mailing Address 1428 GLENEAGLES DRIVE VENICE FL 34292 US
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3. Date Incorporated or Qualified 04/19/1977
4. FEI Number 59-1938461
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent ROCHE, WILLIAM J 1428 GLENEAGLES DR VENICE FL 34292	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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEERFIELD, EDDIE	1.2 NAME	Harold A. Susskind
STREET ADDRESS	3552 LANDMARK TRAIL	1.3 STREET ADDRESS	2602 Deerfoot Trail
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Austin Tx 78704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSSKIND, HAROLD A.	2.2 NAME	H.D.Gobrecht
STREET ADDRESS	2602 DEERFOOT TRAIL	2.3 STREET ADDRESS	505 Via Deseo
CITY-ST-ZIP	AUSTIN TX	2.4 CITY-ST-ZIP	San Clemente, Ca. 92672 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARI, WALTER J	3.2 NAME	E.Deerfield
STREET ADDRESS	2 PINE RIDGE DRIVE	3.3 STREET ADDRESS	3552 Landmark Trail
CITY-ST-ZIP	NEWMAN GA 30263	3.4 CITY-ST-ZIP	Palm Harbor, FL 34684 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	JOHNSON, RICHARD R.	4.2 NAME	
STREET ADDRESS	5901 JOE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEALE MD	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ROCHE, WILLIAM J.	5.2 NAME	
STREET ADDRESS	1428 GLENEAGLES DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MILLER, EDGAR C.	6.2 NAME	
STREET ADDRESS	422 S. WALNUT AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE OK	6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ (941) 485-5073

CR2E037 (10/97)