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May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748803 (4)
 1. Corporation Name
FLORIDA CHAPTER OF THE ANTIQUE AIRPLANE ASSOCIATION, INC.



Principal Place of Business 1750 HANNAH DRIVE MOUNT DORA FL 32757 US	Mailing Address 1750 HANNAH DRIVE MOUNT DORA FL 32757-6616 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/05/1979	3a. Date of Last Report 02/09/1996
		4. FEI Number 65-0128561	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KIMBALL, ALBERT 1750 HANNAH DRIVE MOUNT DORA FL 32757	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 NAME STREET ADDRESS CITY - ST - ZIP	P KIMBALL, ALBERT P.O. BOX 1288 N/A ZELLWOOD FL <input type="checkbox"/> DELETE	1. TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 HANNAH DR. MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONYERS, JAMES B. 691 QUIETWATER COVE ALTAMONTE SPRINGS FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VYFVINKEL, FRED 491 N. JAMES LANE DR NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YOUNG, A R 1750 HANNAH DRIVE MOUNT DORA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ORTNER, RUSS 1837 CEDAR GLEN DRIVE APOPKA FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIMBALL, JIM PO BOX 849 N/A ZELLWOOD FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: G. R. Young 5-15-97 407-862-5900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014346

CR2E037 (9/96)