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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90052 045 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N01118</b>					
1. Corporation Name <b>CHAPTER 813 OF THE EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 420681 KISSIMMEE FL 34742			Mailing Address P.O. BOX 420681 KISSIMMEE FL 34742		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/27/1984</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>23-7414859</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent <b>CARNEY, JOHN T. 4059 TERIWOOD AVENUE ORLANDO FL 32806</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	OLSON, ROBERT L	1.2 NAME	PETERS, LOREN C.
STREET ADDRESS	2625 CANOE CREEK RD	1.3 STREET ADDRESS	2336 OAK LEAF LANE
CITY-ST-ZIP	ST CLOUD FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VPD	2.1 TITLE	VPD
NAME	PETERS, LOREN	2.2 NAME	COLE, WILLARD A
STREET ADDRESS	2336 OAK LEAF LANE	2.3 STREET ADDRESS	1444 NEPTUNE RD.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	T	3.1 TITLE	T.D
NAME	STEWART III, GEORGE	3.2 NAME	ZIMMERMAN, BOB
STREET ADDRESS	1166 PINEAPPLE WAY	3.3 STREET ADDRESS	12117 GRAY BIRCH CIR.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	SD	4.1 TITLE	S
NAME	COLE, WILLIAM A	4.2 NAME	ZIMMERMAN, BOB
STREET ADDRESS	1444 NEPTUNE ROAD	4.3 STREET ADDRESS	12117 GRAY BIRCH CIR
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32832
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: LOREN C. PETERS LOREN C. Peters 1-15-99 407-847-9320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)