

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23 1997 8:00am
Secretary of State

DOCUMENT # N02499 (4)
1. Corporation Name
SOUTH HILLSBOROUGH AMATEUR RADIO KLUB, INC.



Principal Place of Business Mailing Address
620 GRAN KAYMEN APOLLO BEACH FL 33572 US
620 GRAN KAYMEN WAY APOLLO BEACH FL 33572 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	28	04/11/1984	02/15/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2949791	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
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

10. Name and Address of New Registered Agent

PICKERING, ALAN
620 GRAN KAYMEN WAY
APOLLO BEACH FL 33572

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Alan Pickering*

Signature, typed or printed name of registered agent and title, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JUNE 17, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT AND DIR, <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'REILLY, EDWARD	1.2 NAME	FILLMON, PRESTON
STREET ADDRESS	2409 LANCASTER DR	1.3 STREET ADDRESS	1113 RIVERVIEW DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID	2.2 NAME	
STREET ADDRESS	306 FAIRCROSS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICELPRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLMON, PRESTON	3.2 NAME	O'NEAL, JAMES
STREET ADDRESS	11113 RIVERVIEW DRIVE	3.3 STREET ADDRESS	103 EIGHTH STREET NE
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANA, RICARDO	4.2 NAME	
STREET ADDRESS	2612 RIVEREND DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRIN, ROBERT	5.2 NAME	
STREET ADDRESS	412 STEPHENS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TREASURER AND DIR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLF, HARRY	6.2 NAME	ALAN PICKERING
STREET ADDRESS	1903 CANTERBURY LANE	6.3 STREET ADDRESS	620 GRAN KAYMEN WAY
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572

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 agent 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, unchanged, or as an addition with an address.

SIGNATURE: *Alan Pickering* SIGNATURE REQUIRED

7/17/97 1912 645-5905

CR2E037 (4/97)