

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30384 (4)**

1. Corporation Name  
**GOOD NEIGHBOR COUNCIL FOR AIRCRAFT NOISE CONTROL, INC.**



Principal Place of Business		Mailing Address	
C/O JOHN B. MCCRACKEN 505 SOUTH FLAGLER DR., SUITE 1100 WEST PALM BEACH FL 33401-3475 US		C/O JOHN B. MCCRACKEN 505 SOUTH FLAGLER DR., SUITE 1100 WEST PALM BEACH FL 33401-3475 US	
2. Principal Place of Business	2a. Mailing Address	21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

3. Date Incorporated or Qualified  
**01/27/1989**

4. FEI Number  
**65-0097310**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MCCRACKEN, JOHN B.**  
**505 SOUTH FLAGLER DRIVE, SUITE 1100**  
**P.O. BOX 3475**  
**WEST PALM BEACH FL 33401-3475**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANN K. MAUS	
STREET ADDRESS	200 ARGYLE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALFRED MARULLI	
STREET ADDRESS	187 CLARENDON AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALEXANDER F. GIACCO, JR.	
STREET ADDRESS	143 CLARENDON AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOHN B. MCCRACKEN	
STREET ADDRESS	505 S.FLAGLER DR.#1100	
CITY-ST-ZIP	W. PALM BEACH FL 33401-3475	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* 1/25/98

CF2E037 (10/97)