

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36338** (4)

1. Corporation Name
SUNSHINE AERO CLUB INC

Principal Place of Business Mailing Address
2323 N.W. 107 AVENUE **2323 N.W. 107 AVENUE**
SUNRISE FL 33322 **SUNRISE FL 33322**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1990	3a. Date of Last Report 01/21/1994
4. FEI Number 65-0167141	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
21	2a 1750 LAKESHORE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 FT. LAUDERDALE, FL.
Zip	Country
24	25
29 33326	30 BROWARD

9. Name and Address of Current Registered Agent
RIGGS, RICHARD K.
2323 N.W. 107TH AVENUE
SUNRISE FL 33322

81 Name ARM BRUST, JOHN
82 Street Address (P.O. Box Number is Not Acceptable) 1750 LAKESHORE DRIVE
83
84 City FT. LAUDERDALE
85 Zip Code FL 33326

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *John Armbrust* DATE **2-28-95**
Signature (Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DICK, OPPERMAN
STREET ADDRESS	13270 SW 10 MANOR
CITY-ST-ZIP	DAVIE FL
TITLE	VD
NAME	CHURCHILL, BOB
STREET ADDRESS	10173 NW 21 STREET
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	TD
NAME	RIGGS, RICHARD K.
STREET ADDRESS	2323 N.W. 107TH AVENUE
CITY-ST-ZIP	SUNRISE FL
TITLE	SD
NAME	MIKE WHITEMAN
STREET ADDRESS	9120 SW 55 STREET
CITY-ST-ZIP	COOPER CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE - D	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH ALMODOVAR SR.
1.3 STREET ADDRESS	3131 JASPER WAY
1.4 CITY-ST-ZIP	MIRAMAR, FL. 33025
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 - D	TRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN ARMBRUST
3.3 STREET ADDRESS	1750 LAKESHORE DR.
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
4.1 TITLE - D	SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DONNA MOORE
4.3 STREET ADDRESS	7774 PLANTATION BLVD.
4.4 CITY-ST-ZIP	MIRAMAR, FL. 33023
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: *Robert...* DATE: **2/15/95** TELEPHONE: **305-442-2000**
Signature and typed or printed name of signing officer or director