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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
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1. Corporation Name

PRATT & WHITNEY AIRCRAFT FLORIDA OPERATIONS EMPLOYEES' CLUB, INC.

Principal Place of Business	Mailing Address
STATE RD. 710 17900 BEELINE HWY JUPITER FL 33478	P.O. BOX 109600 M/S716-08 WEST PALM BEACH FL 33410

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/13/1994
4. FEI Number: 65-0177147 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HENNEBERGER, JOHN A
4 CARRICK RD.
PALM BEACH GARDENS FL 33418

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: John A Henneberger DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	DP	☒ DELETE	1.1 TITLE: ~~President~~ DP ☐ Change ☒ Addition
NAME	CALLAHAN, RICHARD		1.2 NAME: Bea Moore
STREET ADDRESS	138 WATERWAY RD		1.3 STREET ADDRESS: 11268 Thyme Dr.
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-ST-ZIP: Palm Beach Gdns., FL 33418
TITLE	VD	☒ DELETE	2.1 TITLE: ~~Vice President~~ VD ☐ Change ☒ Addition
NAME	SHIPTON, RALPH		2.2 NAME: Ron Komrowski
STREET ADDRESS	P O BOX 11145 N/A		2.3 STREET ADDRESS: 9792 Mockingbird Trail
CITY-ST-ZIP	W PALM BEACH FL 33419		2.4 CITY-ST-ZIP: Jupiter, FL 33478
TITLE	DS	☒ DELETE	3.1 TITLE: ~~Secretary~~ DS ☐ Change ☒ Addition
NAME	MOORE, BEATRICE		3.2 NAME: Renaj Collins
STREET ADDRESS	11268 THYME DR		3.3 STREET ADDRESS: 900 W. 3rd Street
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4 CITY-ST-ZIP: Riviera Beach, FL 33404
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E037 (11/98)

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: SIGNATURE REQUIRED 3/24/99 561-796-7508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #