SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N95000002157 (4) **DOCUMENT #** BOCA RATON PILOTS ASSOCIATION SCHOLARSHIP FUND, INC. Mailing Address Principal Place of Business 1901 S. OCEAN BLVD. 1901 S. OCEAN BLVD. #303 **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/04/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-058039S Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Country Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET 83 FT. LAUDERDALE FL 33311-4132 85 84 DDC01 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 families with, and accept the obligations of, Section 617.0503, Florida Statutes. n families, with, and a signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS CHARLES R. Monecour Con. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change DELETE 1.1 TITLE TITLE 1.2 NAME **CR2E037** VAN BLOIS, JOHN NAME 1.3 STREET ADDRESS %621 N.W. 53RD ST., #240 STREET ADDRESS **BOCA RATON FL 33487** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE Cusson, Lois **CUSSON, LOIS** 22 NAME NAME 1901 S. Ocean Blut # 303 1901 S. OCEAN BLVD., #303 2.3 STREET ADDRESS STREET ADDRESS BOIN Raton Fl. 33432 **BOCA RATON FL 33432** 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE BRIGGS, DOUGLAS 32 NAME NAME 925 N.W. 6TH AVE. 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 3.4 CITY-ST-2IP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE WANTSHOUSE, MARK 4. 2 NAME NAME 3 DUS AIRPORT 3700 AIRPORT RD. 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE MORGENSTEIN, CHARLES 5.2 NAME NAME 3700 AIRPORT RD. 5 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** 54 CITY - ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 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 119.07(3)(k), 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 Pich 12 or Plock 18 if chapter 6.00 or extractional values and accurate and that my name appears in Pich 12 or Plock 18 if chapter 6.00 or extractional values and accurate and that my name appears in Pich 12 or Plock 18 if chapter 6.00 or extractional values and that my name appears in Pich 12 or Plock 18 if chapter 6.00 or extractional values.

Block 18 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FREQUESED

that my name appears

SIGNATURE

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