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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005524 (2)

1. Corporation Name

PALM BEACH AERO CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

591 TOCCOA ROAD
WEST PALM BEACH FL 33413-1145

591 TOCCOA ROAD
WEST PALM BEACH FL 33413-1145

3. Date Incorporated or Qualified
11/20/1995

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

HANDEGARD, CHRIS
591 TOCCOA ROAD
WEST PALM BEACH FL 33413-1145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HANDEGARD, CHRIS
STREET ADDRESS 165 PLUMAGE LANE
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VD
NAME RUTH, CHUCK
STREET ADDRESS 5928 ORANGE RD
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE SD
NAME HARRIS, STEVEN
STREET ADDRESS 1501 FOREST HILL BLVD, #102
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE TD
NAME MOSCHETTO, PETER
STREET ADDRESS 591 TOCCOA RD
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: Peter J. Moschetto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97
Date

Daytime Phone # 0041102

CR2E037 (9/96)