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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001776

1. Corporation Name

SARASOTA FLYING CLUB, INC.

Principal Place of Business

1224 CLYDE JONES RD
 SARASOTA FL 34243
 US

Mailing Address

PO BOX 584
 TALLEVAST FL 34270
 US

516016 - 90074 - 34



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1281 TALLEVAST ROAD	26		03/31/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0738002	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	SARASOTA FLORIDA	28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24	34243	25	USA	29	
Country		Country		30	

9. Name and Address of Current Registered Agent

GRUWELL, MARK A ESQ
 747 NORTH WASHINGTON BOULEVARD
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	1.1 TITLE	PD
NAME	DOLBY, ROBERT	1.2 NAME	DOLBY, ROBERT
STREET ADDRESS	1224 CLYDE JONES ROAD	1.3 STREET ADDRESS	1281 TALLEVAST ROAD
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	SARASOTA FL 34243
TITLE	VD	2.1 TITLE	VD
NAME	TAUBMAN, JULIUS	2.2 NAME	TAUBMAN, JULIUS
STREET ADDRESS	1224 CLYDE JONES ROAD	2.3 STREET ADDRESS	1281 TALLEVAST ROAD
CITY-ST-ZIP	SARASOTA FL 34243	2.4 CITY-ST-ZIP	SARASOTA FL 34243
TITLE	TD	3.1 TITLE	TD
NAME	BUHLER, JOHN	3.2 NAME	ESLINGER, LARRY
STREET ADDRESS	515 130TH COURT NE	3.3 STREET ADDRESS	5605 8TH AVENUE DRIVE WEST
CITY-ST-ZIP	BRADENTON FL 34202	3.4 CITY-ST-ZIP	BRADENTON FL 34209
TITLE	S	4.1 TITLE	
NAME	MENTZ, PHILIP	4.2 NAME	
STREET ADDRESS	8683 WOOD BRIAR DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Philip S. Mentz* REQUIRED MENTZ April 30, 1999 (941) 923-9761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)