

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 23 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N97000002687 (8)**  
 1. Corporation Name  
**PROFESSIONAL AVIATION MAINTENANCE ASSOCIATION (G OLD COAST CHAPTER), INC.**



Principal Place of Business 288 S.W. 34TH STREET FT LAUDERDALE FL 33315	Mailing Address 288 S.W. 34TH STREET FT LAUDERDALE FL 33315
---	---

3. Date Incorporated or Qualified  
**05/12/1997**

4. FEI Number  
**45-0757398**

Applied For  
 Not Applicable

21. Principal Place of Business <b>5001 NW 105 Dr.</b>	22. Mailing Address <b>5001 NW 105 Dr.</b>
23. City & State <b>CORAL SPRINGS FL</b>	24. City & State <b>CORAL SPRINGS, FL</b>
25. Zip <b>33076</b>	26. Country <b>USA</b>
27. Zip <b>33076</b>	28. Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**CUIFFO, PATRICIA**  
**288 S.W. 34TH STREET**  
**FT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81 Name **CUIFFO, PATRICIA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5001 NW 105 DR.**

83

84 City **CORAL SPRINGS** FL 85 Zip Code **33076**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEOPOLD, ANGELA</b>	
STREET ADDRESS	<b>288 S.W. 34TH STREET</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CUIFFO, PATRICIA</b>	
STREET ADDRESS	<b>288 S.W. 34TH STREET</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAWSON, HARRY</b>	
STREET ADDRESS	<b>288 S.W. 34TH STREET</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRODSKY, STEPHEN</b>	
STREET ADDRESS	<b>288 S.W. 34TH STREET</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LEOPOLD, ANGELA</b>
1.3 STREET ADDRESS	<b>5001 NW 105 DR.</b>
1.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CUIFFO, PATRICIA</b>
2.3 STREET ADDRESS	<b>5001 NW 105 DR.</b>
2.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BRODSKY, STEPHEN</b>
4.3 STREET ADDRESS	<b>5001 NW 105 DR.</b>
4.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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: Patricia Cuiffo 7-20-98 954340-6864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)