

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

SEP 21 11 32 AM '79 SEP 11 79 2 953*****10.00

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:
 365975
 POMPANO SR SQUADRON FLYING CLUB INC
 P O BOX 2722
 80 NORTH RIVER SIDE DRIVE
 POMPANO BEACH, FLA 33062

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.
 Street Address: 1950 N.E. 6 STREET
 P.O. Box No. 1762
 City: POMPANO BEACH,
 State: FLORIDA | Zip Code: 33060

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida: 6/22/1970
 4. Federal Employer Identification Number (FEIN): 59-1416663
 5. Date of Last Report: 1978

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KEESE, PAUL	P	4899 N.W. 4 AVENUE	BOCA RATON, FL 33431
KERNS, ROBERT	V	2715 N.E. 24 STREET	LIGHTHOUSE POINT, FL 33064
O'DONNELL, PATRICK	S	5408 N.E. 1 AVENUE	FT. LAUDERDALE, FL 33334
ASHBY, GLEN	T	11261 N.W. 40 STREET	CORAL SPRINGS, FL 33065
HILLAR, WALTER	D	4300 N.W. 12 AVENUE	POMPANO BEACH, FL 33064

7. Registered Agent Information

Name: CLEMMONS, KERRY
 Street Address (Do NOT Use P.O. Box Number): 2521 N.E. 51 STREET
 City, State and Zip Code: LIGHTHOUSE POINT, FL 33064

Name: KEESE, PAUL
 Street Address (Do NOT Use P.O. Box Number): 4899 N.W. 4 AVENUE
 City, State and Zip Code: BOCA RATON, FL 33431

If you wish to change Registered Agent on this form, enter all new information below.

8. See signature restrictions under instructions on reverse side of this form.
 I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer: GLEN P. ASHBY | Title: TREASURER | Telephone Number: 752-6867
 Signature: *Glen P. Ashby* | Date: January 8, 1979

DO NOT WRITE IN THIS SPACE
 CTD
 2/21/79

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