

DUE DATE ON OR AFTER JANUARY 15, 1985

CORPORATION
ANNUAL REPORT
1984



FLORIDA DEPARTMENT OF STATE
Division of Business Regulation
Bureau of State
Corporation Administration

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office 365975 POMPANO SENIOR SQUADRON FLYING CLUB, INC. 1950 N.E. 6 STREET P.O. BOX 1752 POMPANO BEACH, FL 33060	2 Enter Change of Address of Registered Agent Office, P.O. Box Number, Address, City, State, Zip Street Address City State
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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 06/22/1970	4 Federal Employer Identification Number of (INC) 59-1416663	5 Date of Last Report 04/27/1983
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6 Names and Street Addresses of Each Officer and Director as of December 31, 1983				
Names of Officers and Directors	Title	Street Address of Each Officer and Director (DO NOT Use P.O. Office Box Numbers)	City and State	Zip
1 STOUT, DAN MILLS PAUGH, TORREY	T	44 SW 16th Street	BOCA RATON, FL	33080
2 HEATLEY, GEORGE DuBOIS, GEORGE	P	203 NW 56TH CT	POMPANO BCH, FL	33060
3 HEANS, ROBERT PAUGH, SUB	S	2735 NE 24TH ST	LIGHTHOUSE POINT, FL	33080
4 HILL SPAUGH, JERRY BROWN, BOB	P V	977 SW 16TH ST	BOCA RATON, FL	33080
5 WEBBER, JACK SKUPION, BOB	D	3733 SHERWOOD BLVD	DELRAY BCH, FL	33080
2 DUBOIS, DONALD	P	4450 NE 26th Avenue	LIGHTHOUSE POINT, FL	
3 PAUGH, SUB	S	232 Cypress Blvd E. #409C	POMPANO BEACH, FL	
4 BROWN, BOB	V	63 SW 14th Street	BOCA RATON, FL	
5 SKUPION, BOB	D	11609 NW 21st COURT	CORAL SPRINGS, FL	

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
KEESEE, PAUL 4879 N.W. 4 AVENUE BOCA RATON, FL 33431	Name Street Address (DO NOT use P.O. Box Number) City, State and Zip Code	Name Street Address (DO NOT use P.O. Box Number) City, State and Zip Code	Name Street Address (DO NOT use P.O. Box Number) City, State and Zip Code

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned, as a duly authorized officer of the corporation, representing the stockholders of the corporation, do hereby certify that this statement is true and correct for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.
Such change was authorized by resolution duly adopted by its board of directors.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. 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, Florida Statutes. I Further Certify That My Signature On This Report Shall Have the Same Legal Effect As If Made in Person.

Signature <i>J.R. Millspaugh</i>	Date 6/24/84
Type and Name of Signing Officer J.R. MILLSPAUGH	Title TREASURER
	Telephone Number (305) 392-4876

11. Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment.
 I desire a certificate of status.
 I do not desire a certificate of status.