

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

94 APR 27 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Corporation  
**POMPANO SEASON SQUADRON FLYING CLUB, INC.**

DOCUMENT #  
**385975 (2)**

2. Mailing Address  
**1800 N.E. 6 STREET  
P.O. BOX 1762  
POMPANO BEACH FL 33060**

Principal Place of Business  
**1800 N.E. 6 STREET  
P.O. BOX 1762  
POMPANO BEACH FL 33060**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Charter: **08/22/1970** 3a. Date of Last Filing: **08/11/1993**

2. Mailing Address: **21** 2a. Principal Place of Business: **26** 4. FBI Number: **59-1416663**

22. State, Apt. #, etc.: **27** 5. Certificate of Status Created: **3/7/94** 6. General Meeting: **3/26/94**

23. City & State: **28** 7. Nonprofit Exempt from \$136.75 Supplemental Fee: **NO** 8. \$5.00 (Add'l) Fee Added to Fees: **NO**

24. 9. This corporation has history for information not under Florida Statutes: **NO** 10. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent: **KEESEE, PAUL  
4899 N.W. 4 AVENUE  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent: **81 Name: JOHN MAGNON  
82 Street Address, P.O. Box Number if Not Applicable: 2800 S. OCEAN BLVD APT 6C  
83 City: BOCA RATON FL 33432**

11. I, the undersigned, the person(s) of Sections 607.0202 and 607.1506 or Sections 617.0202 and 617.1506, Florida Statutes, in whose name this corporation is registered, hereby certify that the information furnished herein is true and correct, and that the corporation is in compliance with the provisions of Sections 607.0202 and 607.1506 or Sections 617.0202 and 617.1506, Florida Statutes. I am authorized by the board of directors to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and I accept the obligations of Section 607.0205 or 617.0203, Florida Statutes.

Signature: *John Magnon* DATE: **3/26/94**

13. OFFICERS AND DIRECTORS		14. CHANGES TO OFFICERS AND DIRECTORS	
13.01 NAME	VB MELLGREN LAURENCE 5400 N. OCEAN BLVD FT. LAUDERDALE FL	14.01 NAME	PD MELLGREN LAURENCE 5400 N. OCEAN BLVD FT. LAUDERDALE FL 33308
13.02 ADDRESS		14.02 ADDRESS	
13.03 CITY & STATE		14.03 CITY & STATE	
13.04 NAME	PD BECKER CHRISTOPHER 8854 SWEET MAPLE LANE BOCA RATON FL	14.04 NAME	VB HARLEY Mieroff 3912 NW 21ST COCONUT CREEK, FL 33066
13.05 ADDRESS		14.05 ADDRESS	
13.06 CITY & STATE		14.06 CITY & STATE	
13.07 NAME	T SHERMAN, JAMES 2171 NW 40TH TERR COCONUT CREEK FL	14.07 NAME	T SHERMAN, JAMES 2171 NW 40TH TERRACE COCONUT CREEK, FL 33066
13.08 ADDRESS		14.08 ADDRESS	
13.09 CITY & STATE		14.09 CITY & STATE	
13.10 NAME	D ASHBY, GLEN 11261 NW 40TH ST. CORAL SPRINGS FL	14.10 NAME	D GLEN Ashby 11261 NW 40th St CORAL SPRINGS FL 33065
13.11 ADDRESS		14.11 ADDRESS	
13.12 CITY & STATE		14.12 CITY & STATE	
13.13 NAME	D KEESEE, PAUL 4899 N.W. 4TH AVE. BOCA RATON FL	14.13 NAME	D JOHN MAGNON 2800 S. OCEAN BLVD APT 6C BOCA RATON, FL 33432
13.14 ADDRESS		14.14 ADDRESS	
13.15 CITY & STATE		14.15 CITY & STATE	
13.16 NAME		14.16 NAME	
13.17 ADDRESS		14.17 ADDRESS	
13.18 CITY & STATE		14.18 CITY & STATE	
13.19 NAME		14.19 NAME	
13.20 ADDRESS		14.20 ADDRESS	
13.21 CITY & STATE		14.21 CITY & STATE	
13.22 NAME		14.22 NAME	
13.23 ADDRESS		14.23 ADDRESS	
13.24 CITY & STATE		14.24 CITY & STATE	
13.25 NAME		14.25 NAME	
13.26 ADDRESS		14.26 ADDRESS	
13.27 CITY & STATE		14.27 CITY & STATE	
13.28 NAME		14.28 NAME	
13.29 ADDRESS		14.29 ADDRESS	
13.30 CITY & STATE		14.30 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this report is true and correct, and that the corporation is in compliance with the provisions of Sections 607.0202 and 607.1506 or Sections 617.0202 and 617.1506, Florida Statutes. I am authorized by the board of directors to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and I accept the obligations of Section 607.0205 or 617.0203, Florida Statutes.

SIGNATURE: *James Sherman* Treasurer **3/27/94 305-473 9138**