

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **365975** (2)

1. Corporation Name
POMPANO SENIOR SQUADRON FLYING CLUB, INC.

Principal Place of Business 1950 N.E. 6 STREET P.O. BOX 1762 POMPANO BEACH FL 33060	Mailing Address 1950 N.E. 6 STREET P.O. BOX 1762 POMPANO BEACH FL 33060
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/22/1970	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1416663	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**MAGCON, JOHN
2800 S OCEAN BLVD #6C
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELGREN, LAURENCE
STREET ADDRESS	5400 N. OCEAN BLVD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	HARLEY, MIEROFF
STREET ADDRESS	3912 NW 21 ST
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	T
NAME	SHERMAN, JAMES
STREET ADDRESS	2171 NW 40TH TERR
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	D
NAME	ASHBY, GLEN
STREET ADDRESS	11281 NW 40TH ST.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	D
NAME	MAGNON, JOHN
STREET ADDRESS	2000 S OCEAN BLVD #6C
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500001423055
2.3 STREET ADDRESS	-03/07/95--01091--014
2.4 CITY - ST - ZIP	***200.00 ****200.00
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and that I do not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if exempt, or on an attachment with an affidavit.

SIGNATURE: James Sherman James Sherman Treasurer 2/26/95 305-913-9138
(NAME AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)