

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **06/22/1970**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **59-1416663**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 []
City & State: 27 []
Zip: 24 [] Country: 25 []
Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 _____

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MELLGREN, LAURENCE
STREET ADDRESS	5400 N. OCEAN BLVD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	HARLEY, MIEROFF
STREET ADDRESS	3912 NW 21 ST
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SHERMAN, JAMES
STREET ADDRESS	2171 NW 40TH TERR
CITY - ST - ZIP	COCONUT CREEK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ASHBY, GLEN
STREET ADDRESS	11261 NW 40TH ST.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MAGNON, JOHN
STREET ADDRESS	2800 S OCEAN BLVD #6C
CITY - ST - ZIP	BOCA RATON FL
TITLE	[] <input type="checkbox"/> DELETE
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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK MANCINI
2.3 STREET ADDRESS	2700 NE 23RD Street
2.4 CITY - ST - ZIP	POMPANO Beach, FL 33062
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 does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address.

SIGNATURE: James Sherman Treasurer 2/24/96 954-973-9138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)