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FILED
Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 747513 (0)
1. Corporation Name
E.A.A. 635, OF DELAND, FLORIDA, INC.



Principal Place of Business C/O BOB LEE AIRPORT, CR 15A P. O. BOX 843 DELAND FL 32721-7843	Mailing Address WILLIAM G. RACE 20 LAZY EIGHT DR. DAYTONA BEACH FL 32124-6716 US
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3. Date Incorporated or Qualified
06/05/1979

4. FEI Number
59-2589636

Applied For	Not Applicable
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2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
RACE, WILLIAM G.
20 LAZY EIGHT DR.
C.R. 15A, P.O. BOX 843
DAYTONA BEACH FL 32124

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CORNWELL, O H "BERT"	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	907 E. RICH AVE.	1.2 NAME	
STREET ADDRESS	DELAND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP BROWN, CALVIN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2678 WILMHURST RD.	2.2 NAME	
STREET ADDRESS	DELAND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S JAMIESON, CHARLES M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	506 HOGLE	3.2 NAME	
STREET ADDRESS	DELAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D VONBERNEWUTZ, B.F.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3153 WHISPER BLVD.	4.2 NAME	VON BERNEWITZ B.F.
STREET ADDRESS	DELAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T RACE, WILLIAM G.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20 LAZY EIGHT DR.	5.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MEEKER, FRED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2620 EGRET VLG.	6.2 NAME	
STREET ADDRESS	DELAND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE REQUIRED 1-4-98 904-786 0074

CR2E037 (10/97)

OTHER DIRECTORS

D
BROWNING, ROY
407 SOFT SHADOW LN
DeBARY FL 32713-2343

D
VICKERS, VAN
20 SACKETT RD
DeBARY FL 32713-4248

D
TAND, MICHAEL
651 TALL PINE TERR.
DeLAND FL 32724-7122