

3-27-98 B 3870 NC
 FILE NOW: FILING FEE IS \$61.25

FILED
 Mar 27 1998 8:00am
 Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000004841 (1)
 1. Corporation Name
EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 98 OF NAPLES, INC.



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| Principal Place of Business 801 12TH AVE. S., STE. 400 NAPLES FL 33940 | Mailing Address 801 12TH AVE. S., STE. 400 NAPLES FL 33940 |
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|--|-------------------------------|
| 3. Date Incorporated or Qualified 10/09/1995 | |
| 4. FEI Number 65-0625093 | Applied For 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | | | |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent SUTTON, KERMIT S 801 12TH AVE. S., STE. 400 NAPLES FL 33940 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> DELETE CUTSHAW, MICHAEL 7800 EMERALD CIR., #104 NAPLES FL 33942 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> DELETE EBERSHOFF, DAVID L 4450 YACHT HARBOR DR. NAPLES FL 33940 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> DELETE SUTTON, KERMIT S 801 12TH AVE. S., STE. 400 NAPLES FL 33940 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> DELETE THALHEIMER, BRUCE B 4849 BERKELY DR. NAPLES FL 33962 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* 3/20/98 (941) 263-8333

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