

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754366 (3)

1. Corporation Name
COLLIER MODEL AERONAUTIC CLUB, INC.



Principal Place of Business	Mailing Address
C/O LOUIS S. ERICKSON 2301 C.R. 951 - SUITE B NAPLES FL 33999	C/O LOUIS S. ERICKSON 2301 C.R. 951 - SUITE B NAPLES FL 33999

3. Date Incorporated or Qualified 09/25/1980	3a. Date of Last Report 09/29/1995
--	--

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. 144 EGRET AVE
23. City & State	27. NAPLES
24. Zip	28. 33906
25. Country	30. USA

4. FEI Number 29-7384215	Applied For <input 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. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
IMBERT, MARCEL 144 EGRET AVE NAPLES FL 33963		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: M. IMBERT DATE: 03/31/96

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD SAKOWSKI, RAY	<input type="checkbox"/>
NAME	40 TURQUOISE AVE	
STREET ADDRESS	NAPLES FL 33961	
CITY-ST-ZIP		
TITLE	VD BOXWELL, CHARLES	<input type="checkbox"/>
NAME	831 94TH AVE	
STREET ADDRESS	NAPLES FL 33963	
CITY-ST-ZIP		
TITLE	STD IMBERT, MARCEL	<input type="checkbox"/>
NAME	144 EGRET AVE	
STREET ADDRESS	NAPLES FL 33963	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. IMBERT DATE: 03/31/96 (04) 566 9582

CR2E037 (12/95)