

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

FILED
Apr 24, 1996 08:00 AM
Secretary of State

DOCUMENT # N11365 (6)
1. Corporation Name
GREATER MIAMI AVIATION ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 996126 MIAMI FL 33299-6126 **P.O. BOX 996126 MIAMI FL 33299-6126**

3. Date Incorporated or Qualified **09/30/1985** 3a. Date of Last Report **08/21/1995**
4. FEI Number **59-2694879** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BODLEY, DAVID N
13913 S.W. 84 STREET
MIAMI FL 33183

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUKOSKI, CHARLES	
STREET ADDRESS	19820 S.W. 101 CT.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVIDOW, HOWARD	
STREET ADDRESS	8910 S.W. 108 ST.	
CITY-ST-ZIP	MIAMI FL 33176-3732	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BODLEY, DAVID	
STREET ADDRESS	13913 S.W. 84 STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEEB, CHARLES K	
STREET ADDRESS	3161 N.W. 63RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309-1606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Walter, Konrad J.
5.3 STREET ADDRESS	1301 N.W. 89 TERR.
5.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33024
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles K. Deeb* **4/17/96** **(954) 566-8341**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)