## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N11365

(6)

GREATER MIAMI AVIATION ASSOCIATION, INC.

Principal Place of Business Mailing Address						T LOBERTHON DATA TELOGRAPH HARMA BATTAN BYRKA BARKA			
P.O. BOX 996126 P.O. BOX 996126 MIAMI FL 33299-6126 MIAMI FL 33299-6126									
						3. Date Incorporated or Qualified 09/30/1985	3a. Date	of Last Re 4/24/19	port 96
2. Principal Pl	ace of Business	28. Mailing Address			4. FEI Number Applied For S9-2694879 Not Applicable				
21	**************************************	Suite, Apt. #, etc.			38-2094078	•		t Applicable	
Suite, Apt. :	#, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	}	City & State				6. Election Campaign Financing	***************	\$5.00	May Be
23	···	28	<del></del>			Trust Fund Contribution		Added to	
Zip	Country	Zip	<b></b>	intry		8. This corporation has liability for			199.032,
24	9. Name and Address of Currer	29 29 Agent	30			Florida Statutes  10. Name and Address of New Re			
	0, 110,110,110,110,110,110,110,110,110,1			81	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
פחח בי	/ DAVAD N						1_1		
BODLEY, DAVID N 13913 S.W. 84 STREET				82	2 Street Address (P.O. Box Number is Not Acceptable)				
	L 33183								
				84	City			<b>85</b> Zip C	ode
					,		TL.		
<ol> <li>Pursuant to office or re</li> </ol>	to the provisions of Sections 617.050 egistered agent, or both, in the State	l2 and 617.1508, Florida Statu of Florida. Such change was	tes, the a authorize	bove d by	-named corp the corporati	poration submits this statement for the plice ion's board of directors. I hereby accept	urpose of ch at the appoin	nanging its itment as i	registered registered
agent. I ai	m familiar with, and accept the oblig	ations of, Section 617.0503, FI	orida Sta	tutes					
SIGNATURE _	Signature, typed or printed name of registered age	ont and talle if emplicable (NO)	TC - Elegistars	- Ann	ni cionatura recuir	ned when reinstating)	DATE		
12.	OFFICERS AN		13.	ID UÑO	in signatura racion	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	VPD	☐ DELETE	DELETE 1.1 T				L.	Change	Addition
NAME	WALTER, KONRAD J.	1.21		.2 NAME					Ì
STREET ADDRESS	1301 NW 89 TERR	1.3\$		1.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL			CITY-ST-ZIP			·	<del></del>	
TITLE	PD	☐ DELETE					Ĺ	Change	Addition
NAME	DAVIDOW, HOWARD			2.2 NAME		ecal			
STREET ADORESS	8910 S.W. 108 ST.			2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	2.41 3.1 T	CITY - S	T-ZIP			Change	Addition
NAME	SD Booley, David		3.11		ţ		L-	2 overeign	
STREET ADDRESS	13913 S.W. 84 STREET				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33183			CITY-S		•			
TITLE	TD	DELETE	4.1 T					Change	Addition
NAME	DEEB, CHARLES K			4. 2 NAME					]
STREET ADDRESS	3161 N.W. 63RD STREET		4.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33309-1606		4.4 (	4.4 CITY - ST - ZIP					
TITLE	DELETE 5.1		5.1 7	TITLE			. [	Change	Addition
NAME				IAME					
STREET ADORESS					ADDRESS				
CITY-ST-ZIP	, .,, <u>.,</u>	T DELETE		ITY-S	T-ZIP		—	Change	Addition
TITLE		☐ DELETE	6.1 T		l l		L.	i cinilite	
NAME CAREET ARRESTS OF				IAME TREET	ADDDECC				
STREET ADDRESS			0.3 3	(HEE)	ADDRESS				

14. I do 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN 1997 305-595

**FILED** 

Jan 28 1997 8:00am

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Secretary of State