

FILE NOW: FILING FEE IS \$61.25

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**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11365 (6)
1. Corporation Name
GREATER MIAMI AVIATION ASSOCIATION, INC.



Principal Place of Business P.O. BOX 996126 MIAMI FL 33299-6126	Mailing Address P.O. BOX 996126 MIAMI FL 33299-6126
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3. Date Incorporated or Qualified 09/30/1985	
4. FEI Number 59-2694879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No	

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

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

10. Name and Address of New Registered Agent

81 Name *Lawrence E. Arrington*
82 Street Address (P.O. Box Number Is Not Acceptable) *2780 S.W. Douglas Road #302*
83
84 City *MIAMI* **FL** **85 Zip Code** *33133*

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 *Lawrence E. Arrington* **LAURENCE E. ARRINGTON SD 3/27/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WALTER, KONRAD J.	
STREET ADDRESS	1301 NW 89 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDOW, HOWARD	
STREET ADDRESS	8910 S.W. 108 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" 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	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walter E. Collier	
2.3 STREET ADDRESS	12940 SW 74 Avenue	
2.4 CITY-ST-ZIP	Miami FL 33156	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lawrence E. Arrington	
3.3 STREET ADDRESS	2780 SW Douglas Road #302	
3.4 CITY-ST-ZIP	Miami FL 33133	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Charles K Deeb* **3-19-98 (305) 527-1888**

CR2E037 (10/97)