

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 # **N26412** (9)
1. Corporation Name
108 HANGAR MATES INC.



Principal Place of Business: **121 WYNNEHAVEN ROAD C/O JOHN HICKS MARY ESTHER FL 32569**
Mailing Address: **121 WYNNEHAVEN ROAD C/O JOHN HICKS MARY ESTHER FL 32569**

3. Date Incorporated or Qualified: **05/12/1988**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: **59-2900288**
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKS, JOHN
121 WYNNEHAVEN ROAD
MARY ESTHER FL 32569**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HICKS, JOHN	
STREET ADDRESS	121 WYNNEHAVEN RD.	
CITY - ST - ZIP	MARY ESTHER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALKER, JACK	
STREET ADDRESS	24 POPLAR AVE	
CITY - ST - ZIP	SHALIMAR FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JANSA, JAMES F	
STREET ADDRESS	2 RUE DE LE ROI	
CITY - ST - ZIP	FT WALTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEAN, MONTE	
STREET ADDRESS	319 PLYMOUTH AVENUE	
CITY - ST - ZIP	FT. WALTON BEACH FL	
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	<input 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	<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 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: James F Jansa 4/19/96 904/833-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)