

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 # **N51159 (4)**

1. Corporation Name
R/C FLIERS OF VENICE, INC.



Principal Place of Business: P.O. BOX 3171 VENICE FL 34293
Mailing Address: P.O. BOX 3171 VENICE FL 34293

3. Date Incorporated or Qualified: **10/05/1992**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0385887**
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

9. Name and Address of Current Registered Agent
**MUMMA, WARREN M
5457 TALBROOK RD
NO PORT FL 34287**

10. Name and Address of New Registered Agent
81 Name: **PETER TURNER**
82 Street Address (P.O. Box Number is Not Acceptable): **310 TREASURE RD.**
83 City: **VENICE**
84 City: **FL** 85 Zip Code: **34293**

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 617.0508, Florida Statutes.

SIGNATURE: **PETER TURNER** *Peter Turner* FEB. 5, 1996
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUMMA, WARREN M	
STREET ADDRESS	5457 TALBROOK RD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GANDORF, EDWARD C	
STREET ADDRESS	373 ROSELING CIR	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MEDHURST, PETER J	
STREET ADDRESS	1537 KEYWAY RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHRADER, HERBERT	
STREET ADDRESS	411 BAYNARD DR	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OBESHAW, KEN	
STREET ADDRESS	308 CRANE ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	TURNER, PETER	
STREET ADDRESS	310 TREASURE RD	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DC	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	S	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WILDER, ALLEN		
33 STREET ADDRESS	1340 DEVON RD.		
34 CITY-ST-ZIP	VENICE, FL 34293		
41 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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: **PETER TURNER** *Peter Turner* Feb. 5, 1996 941-493-3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE

CR2E037 (12/95)