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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51159

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/05/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0385887
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent

TURNER, PETER
310 TREASURE ROAD
VENICE FL 34293

DECEASED

10. Name and Address of New Registered Agent

81 Name	FRANK ALFONSO		
82 Street Address (P.O. Box Number is Not Acceptable)	265 ROYAL OAK WAY		
83			
84 City	Venice	85 State	FL
		86 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 617.0503, Florida Statutes.

SIGNATURE FRANK ALFONSO *Frank Alfonso* DATE 1-13-99

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MUMMA, WARREN M	
STREET ADDRESS	5457 TALBROOK RD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANDORF, EDWARD C	
STREET ADDRESS	373 ROSELING CR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WELKE, LOWELL	
STREET ADDRESS	999 EVEREST RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILDER, ALLEN	
STREET ADDRESS	567 LAUREL CHERRY LN	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OBESHAW, KEN	
STREET ADDRESS	308 CRANE ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FRANK ALFONSO	
STREET ADDRESS	265 ROYAL OAK WAY	
CITY-ST-ZIP	VENICE FL 34292	

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 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, with all other like empowered.

SIGNATURE: *Frank Alfonso* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1-12-99 DAYTIME PHONE # 497-1996

CR2E037 (11/98)