

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 # N95000001336 (5)

1. Corporation Name
SAN-JEAN FLYING CLUB, INC.



Principal Place of Business: 3225 DUCHESS DRIVE NAPLES FL 33962
Mailing Address: 3225 DUCHESS DRIVE NAPLES FL 33962

3. Date Incorporated or Qualified: 03/20/1995
3a. Date of Last Report

21	2. Principal Place of Business <i>same as above</i>	26	2a. Mailing Address	4.	FEI Number <i>134166888</i>	Applied For	<input checked="" type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country <i>Italy</i>	30	Country				

9. Name and Address of Current Registered Agent

GRESSANI, HUMBERT L
3225 DUCHESS DRIVE
NAPLES FL 33962

10. Name and Address of New Registered Agent

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: *Humbert L. Gressani* (NOTE: Registered Agent signature required when reinstating) DATE: *4/9/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRESSANI, HUMBERT L	1.2 NAME	GRESSANI, HUMBERT L
STREET ADDRESS	3225 DUCHESS DRIVE	1.3 STREET ADDRESS	3225 DUCHESS DRIVE
CITY-ST-ZIP	NAPLES FL 33962	1.4 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLCOMBE, STANLEY J	2.2 NAME	COLCOMBE, STANLEY J
STREET ADDRESS	4600 CHIPPENDALE DRIVE	2.3 STREET ADDRESS	4100 6891 COMPTON LA
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINSMOOR, CHARLES A	3.2 NAME	DINSMOOR, CHARLES A
STREET ADDRESS	5108 LOCHWOOD COURT	3.3 STREET ADDRESS	5108 LOCHWOOD COURT
CITY-ST-ZIP	NAPLES FL 33962	3.4 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Humbert L. Gressani* DATE: *Jan. 22, 1996* DAYTIME PHONE #: *941/775-5881*

CR2E037 (12/95)