

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735885** (6)

1. Corporation Name

**BRANDON MODEL FLYERS, INCORPORATED**



Principal Place of Business	Mailing Address
<b>411 TOMAHAWK TRL. BRANDON FL 33511 US</b>	<b>11500 SUMMIT W. BLVD. APT. 19 E TAMPA FL 33617-2334</b>

3. Date Incorporated or Qualified <b>05/21/1976</b>	3a. Date of Last Report <b>04/06/1996</b>
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2. Principal Place of Business	2a. Mailing Address
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Country
<b>24</b>	<b>25</b>
<b>29</b>	<b>30</b>

4. FEI Number <b>59-1789103</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
<b>HALL, KEITH 11500 SUMMIT WEST BLVD.E APT 19E TAMPA FL 33617</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, EUGENE T</b>
STREET ADDRESS	<b>411 TOMAHAWK TRAIL</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>HALL, KEITH</b>
STREET ADDRESS	<b>1500 SUMMIT WEST BLVD APT. 19E</b>
CITY-ST-ZIP	<b>TAMPA FL 33617</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>SAIFF, JIM</b>
STREET ADDRESS	<b>13433-C GOUVERNORS DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>LITTLE, BOB</b>
STREET ADDRESS	<b>205 REMBRANDT DRIVE</b>
CITY-ST-ZIP	<b>BRANDON FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>WALDON, BOB</b>
STREET ADDRESS	<b>13316 RAULERSON ROAD</b>
CITY-ST-ZIP	<b>DOVER FL</b>
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 checked="" type="checkbox"/> Addition
1.2 NAME	<b>Boardmember</b>
1.3 STREET ADDRESS	<b>ZIEGLER, DAVID M</b>
1.4 CITY-ST-ZIP	<b>1310 RUSTLING OARS DR BRANDON FL 33520</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Boardmember</b>
2.3 STREET ADDRESS	<b>John Smik</b>
2.4 CITY-ST-ZIP	<b>1903 N. TEAKWOOD DR E, PLANT CITY, FL. 33566</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Secretary</b>
3.3 STREET ADDRESS	<b>Jim Saiff</b>
3.4 CITY-ST-ZIP	<b>2227 W. FLETCHER AVE APT TAMPA FLA 33618 25-C</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Vice President</b>
5.3 STREET ADDRESS	<b>Bob Walden</b>
5.4 CITY-ST-ZIP	<b>13316 Raulerson Rd Dover FL</b>
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 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ 1-21-97 812-985-5202

CR2E037 (9/96)