

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 # **706419**

(9)

1. Corporation Name

SUNCOAST AERO MODELERS, INC.



Principal Place of Business

P.O. BOX 5147
CLEARWATER FL 34618

Mailing Address

P.O. BOX 5147
CLEARWATER FL 34618

3. Date Incorporated or Qualified
11/20/1963

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2491412

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

10. Name and Address of New Registered Agent

**LECHNER, BERNARD J., ATTY.
1243 LAKEVIEW ROAD
CLEARWATER FL 34616**

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 617.1506, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JEROME, JACK	
STREET ADDRESS	2871 DOONE CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, BERTRAM	
STREET ADDRESS	909 LINN HARBOR CT	
CITY-ST-ZIP	TARPOON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WORDON, THEODORE	
STREET ADDRESS	916 MAINSAIL WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SLOGGETT, RICHARD L	
STREET ADDRESS	3537 WOODMUSE DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEBLAKER, CHARLES	
STREET ADDRESS	808 BAYSHORE BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCINTYRE, BRUCE	
STREET ADDRESS	111 TIMBER CIRCLE	
CITY-ST-ZIP	SAFETY HARBOR FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM PILZ	
1.3 STREET ADDRESS	2030 HIDDEN LAKE DR.	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANCIS KADONSKY	
2.3 STREET ADDRESS	3414 SWEETWATER TRAIL	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JACK HUGHES	
5.3 STREET ADDRESS	3862 TALAH DR.	
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERT WATTLEWORTH	
6.3 STREET ADDRESS	1309 HILLSIDE DR.	
6.4 CITY-ST-ZIP	TARPOON SPRINGS, FL 34689	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813)937-5399

CR2E037 (12/95)