

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 # 708908 (9)

1. Corporation Name

CUTLER COVE POWERS SQUADRON, INC.

Principal Place of Business

9498 HAITIAN DR  
MIAMI FL 33189

Mailing Address

9498 HAITIAN DR  
MIAMI FL 33189

2. Principal Place of Business

2a. Mailing Address

21 670 SE 27th LN

26 670 SE 27th LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 Homestead FL

28 Homestead FL

24 33033

25 USA

29 33033

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
05/06/1965

3a. Date of Last Report  
03/02/1995

4. FEI Number  
59-6170590

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

10. Name and Address of New Registered Agent

BUKSCH, ROBERT F  
8241 SW 185TH ST  
MIAMI FL 33157

81 Name  
MARSHALL MITCHELL

82 Street Address (P.O. Box Number is Not Accepted)  
9410 SW 192nd DR.

83

84 City

MIAMI

FL

85 Zip Code  
33157

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 617.003, Florida Statutes.

SIGNATURE: Marshall E. Mitchell MARSHALL E. MITCHELL

3/1/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
MITCHELL, MARSHALL  
9410 SW 192ND DRIVE  
MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BUKSCH, ROBERT F  
8241 SW 185TH STREET  
MIAMI FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MASSO, RICHARD A  
9498 HAITIAN DR  
MIAMI FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
P.D  
MITCHELL, MARSHALL  
9410 SW 192nd DR  
MIAMI FL 33157 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
T  
Gregory, Lawrence  
670 SE 27th LN  
Homestead FL 33033 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
S/D  
Bottom, Pete  
30975 SW 214th  
Homestead FL 33030 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
300001749279  
-03/19/96--01075--029  
\*\*\*\$1.25 ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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: Marshall E. Mitchell MARSHALL E. MITCHELL 3/1/96 233-8528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)