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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

640 SE 27TH LN
HOMESTEAD FL 33033

Mailing Address

640 SE 27TH LN
HOMESTEAD FL 33033-52243. Date Incorporated or Qualified
05/06/19653a. Date of Last Report
03/19/1996

2. Principal Place of Business

21 8935 SW 198 Terrace
Suite, Apt. #, etc.

2a. Mailing Address

26 8935 SW 198 Terrace
Suite, Apt. #, etc.

4. FEI Number

59-6170590

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33157

Country

25 USA

Zip

29 33157

Country

30 USA

9. Name and Address of Current Registered Agent

MITCHELL, MARSHALL
9410 SW 192ND DR
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

Kenneth Baughman

82 Street Address (P.O. Box Number is Not Acceptable)

9355 SW 181ST

83

84 City

MIAMI, FL 33157

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 and the registered agent. I, the undersigned, hereby appoint as registered agent for the corporation the person named below.

SIGNATURE: Kenneth J. Baughman
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1-18-1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, MARSHALL
STREET ADDRESS 9410 SW 192ND DRIVE
CITY-ST-ZIP MIAMI FL 33157 ☒ DELETETITLE T
NAME LAWRENCE, GREGORY
STREET ADDRESS 640 SE 27TH LN
CITY-ST-ZIP HOMESTEAD FL 33033 ☒ DELETETITLE SD
NAME BUTTON, PETE
STREET ADDRESS 30975 SW 214 ST
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Kenneth Baughman ☐ Change ☒ Addition
1.3 STREET ADDRESS 9355 SW 181ST
1.4 CITY-ST-ZIP MIAMI, FL 331572.1 TITLE T
2.2 NAME Elizabeth Melton ☐ Change ☒ Addition
2.3 STREET ADDRESS 8935 SW 198 Terrace
2.4 CITY-ST-ZIP MIAMI, FL 331573.1 TITLE SD
3.2 NAME Shirley Cohn ☐ Change ☒ Addition
3.3 STREET ADDRESS 12440 SW 191ST
3.4 CITY-ST-ZIP MIAMI, FL 331774.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 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 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.

SIGNATURE: Kenneth Baughman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-18-97 (305) 233-1411
Date Daytime Phone # 0024225

CP2E037 (9/96)