

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 1 PM 1:57

DOCUMENT # 719586 (0)

1. Corporation Name

LCI FLOTILLA II REUNION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

402 SOUTH LUCAS STREET  
IOWA CITY IA 52240

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IOWA CITY IA 52240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1970

3a. Date of Last Report

02/04/1994

4. FEI Number

42-1093151

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental  
Fee Not Required

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BAILEY, WILLIAM W.  
920 BISCAYNE BLDG.  
19 WEST FLAGLER ST.  
MIAMI FL 33130

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	D
NAME	HELM, DEAN
STREET ADDRESS	100 BROADVIEW
CITY-ST-ZIP	SPRINGFIELD PA
TITLE	DP
NAME	KING, JAMES
STREET ADDRESS	5000 CLARMAN RD.643
CITY-ST-ZIP	JEFFERSONTON KY
TITLE	D
NAME	CASTILLO, ROBERT
STREET ADDRESS	<del>0776 RAINIER ST.</del> 3500 BUCKMAN AVE
CITY-ST-ZIP	RIVERSIDE CA TRL 143
TITLE	D
NAME	BAILEY, WM.
STREET ADDRESS	920 BISCAYNE BLDG.
CITY-ST-ZIP	MIAMI FL
TITLE	STD
NAME	CARTER, PAUL L
STREET ADDRESS	402 SOUTH LUCAS
CITY-ST-ZIP	IOWA CITY IA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Paul L. Carter* PAUL CARTER - 1-24-95 1-602-984-8352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-319-338-2473