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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 719586 (0)
1. Corporation Name
LCI FLOTILLA II REUNION ASSOCIATION, INC.



Principal Place of Business Mailing Address
2801 HWY 6 E 2801 HWY 6 E
353 353
IOWA CITY IA 52240 IOWA CITY IA 52240-2630
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

3. Date Incorporated or Qualified 10/27/1970 3a. Date of Last Report 02/21/1996
4. FEI Number 42-1093151 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
BAILEY, WILLIAM W.
920 BISCAYNE BLDG.
19 WEST FLAGLER ST.
MIAMI FL 33130

Deceased

10. Name and Address of New Registered Agent
81 Name L. Leverett Wright
82 Street Address (P.O. Box Number is Not Acceptable) 5746 Timberlake Drive
83
84 City SARASOTA FL 85 Zip Code 34243

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, and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.
SIGNATURE L. LEVERETT WRIGHT * L. Leverett Wright DATE 3/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HELM, DEAN | |
| STREET ADDRESS | 100 BROADVIEW | |
| CITY-ST-ZIP | SPRINGFIELD PA | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KING, JAMES | |
| STREET ADDRESS | 5000 CLARMAN RD.643 | |
| CITY-ST-ZIP | JEFFERSONTON KY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASTILLO, ROBERT | |
| STREET ADDRESS | 3500 BUCHANAN AVE TRL 143 | |
| CITY-ST-ZIP | RIVERSIDE CA | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BAILEY, WM. | |
| STREET ADDRESS | 920 BISCAYNE BLDG. Deceased | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | CARTER, PAUL L | |
| STREET ADDRESS | 2801 HWY 6E 353 | |
| CITY-ST-ZIP | IOWA CITY IA | |
| 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 type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | D | <input checked="" 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 | D.L. WRIGHT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 5746 Timberlake Drive | |
| 4.4 CITY-ST-ZIP | SARASOTA FL 34243 | |
| 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 | D-P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Edward A. Herber | |
| 6.3 STREET ADDRESS | 10558 W 73rd Place | |
| 6.4 CITY-ST-ZIP | ARVADA-CO 80005 | |

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: Paul Carter March 13 1997 319 330-2423

CR2E037 (9/96)