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FILED

Jan 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723069 (1)

1. Corporation Name

FLOTILLA 87, INC.



Principal Place of Business

LEMON BAY PARK
BAY PARK DR.
ENGLEWOOD FL 34223

Mailing Address

FLOTILLA 87, INC.
BOX 5239
ENGLEWOOD FL 34224-0239
US3. Date Incorporated or Qualified
04/04/19723a. Date of Last Report
04/12/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-0798538

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

GRADY, WILLIAM M.
1401 S. MCCALL RD. A-107
ENGLEWOOD FL 34223

81 Name

Cahow, John C.

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

7220 Brandywine Dr.

83

84 City

Englewood

FL

85 Zip Code

34224

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MELTZER, NEIL	
STREET ADDRESS	936 SUNCREST LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SANDIFORD, JOHN W	
STREET ADDRESS	754 MOBILE GARDENS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMISON, FLOYD L	
STREET ADDRESS	8320 CREEK VIEW LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GRADY, WILLIAM M	
STREET ADDRESS	1401 S. MCCALL RD. A107	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, STANLEY J	
STREET ADDRESS	7472 ESCONDIDO ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HAYHURST, LELA R	
STREET ADDRESS	999 OXFORD DRIVE S.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Beyer, Richard E.	
1.3 STREET ADDRESS	3249 Marion Street	
1.4 CITY-ST-ZIP	Englewood, FL 34224	

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cahow, John C.	
4.3 STREET ADDRESS	7220 Brandywine Drive	
4.4 CITY-ST-ZIP	Englewood, FL 34224	

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	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hayhurst, Lela R.	
6.3 STREET ADDRESS	999 Oxford Drive S.	
6.4 CITY-ST-ZIP	Englewood, FL 34223	

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:

Richard E. Beyer Pres.

Date

Daytime Phone # 0082481

CR2E037 (9/96)