

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735885 (6)

1. Corporation Name

BRANDON MODEL FLYERS, INCORPORATED



Principal Place of Business

515 EAST BENTRIDGE DRIVE
BRANDON FL 33510
US

Mailing Address

515 EAST BENTRIDGE DRIVE
BRANDON FL 33510
US

2. Principal Place of Business

21 411 Tomahawk Trl.
Suite, Apt. #, etc.

22 City & State
Brandon, FL

23 Zip
33511

24 Hills.

2a. Mailing Address

26 11500 Summit W. Blvd.
Suite, Apt. #, etc.

27 Apt 19E
City & State

28 Tampa FL
Zip

29 33617
Country

30 Hills.

3. Date Incorporated or Qualified
05/21/1976

3a. Date of Last Report
03/08/1995

4. FEI Number
59-1789103

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

GOODMAN, HAROLD
515 EAST BENTRIDGE DRIVE
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name Keith Hall
82 Street Address (P.O. Box Number is Not Acceptable)
11500 Summit West Blvd.
83 Apt 19E
84 City Tampa FL 85 Zip Code 33617

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]

(NOTE: Registered Agent Signature Required when "Resisting")

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SANCHEZ, EUGENE T
STREET ADDRESS 411 TOMAHAWK TRAIL
CITY-ST-ZIP BRANDON FL

TITLE ☒ DELETE

NAME BROWN, ED
STREET ADDRESS 2624 DURANT OAKS DRIVE
CITY-ST-ZIP VALRICO FL

TITLE ☒ DELETE

NAME GOODMAN, HAROLD
STREET ADDRESS 515 EAST BENTRIDGE DRIVE
CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE

NAME SAIFF, JIM
STREET ADDRESS 13433-C GOUVERNORS DRIVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME LITTLE, BOB
STREET ADDRESS 205 REMBRANDT DRIVE
CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE

NAME WALDON, BOB
STREET ADDRESS 13316 RAULERSON ROAD
CITY-ST-ZIP DOVER FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

(813) 685-8501

Daytime Phone #

CR2E037 (12/95)

4-6-96