

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 # 742466 (6)

1. Corporation Name

SOUTHWEST FLORIDA AEROMODLERS, INC.

Principal Place of Business

Mailing Address

MANGANARO, JOHN  
193 HIBISCUS DR.  
FT MYERS BEACH FL 33931  
US

MANGANARO, JOHN  
193 HIBISCUS DR.  
FT. MYERS BEACH FL 33931  
US



3. Date Incorporated or Qualified  
04/14/1978

3a. Date of Last Report  
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARSON, WADE H.  
1853 VICTORIA AVENUE  
FORT MYERS FL 33901

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD MANGANARO, JOHN  
193 HIBISCUS DR.  
FT MYERS BEACH FL  
[ ] DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
[ ] Change [ ] Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COLBY, DAVID  
17686 ACACIA DR  
NORTH FT. MYERS FL  
[x] DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
JOHN AGNEW  
5095 NORTHAMPTON  
FT. MYERS, FL, 33919  
[x] Change [ ] Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAMPBELL, MARY  
244 STEVENS BLVD.  
FT. MYERSBEACH FL  
[ ] DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
[ ] Change [ ] Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NERI, SAL  
100 CONTEE DR.  
LE HIGH ACRES FL  
[ ] DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
[ ] Change [ ] Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
300001746253  
-03/18/96--01023--033  
[ ] Change [ ] Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
\*\*\*61.25  
[ ] Change [ ] Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

941-765-5188