NONPROPEIT CORPORATION ANNUAL REPORT 1996 Sociates of States PARISON OF COPPORATIONS DOCUMENT # 742466 (6) SOUTHWEST FLORIDA AEROMODLERS, INC. Principal Faces of Rearies MANGAMRO, ONN 180 HRSQUS DR FL WEST SEACH FL 3000 IS MANGAMRO, ONN 180 HRSQUS DR FL WEST SEACH FL 3000 IS Solid Act & rec. IS S		FILE NOW: 1	FILING FEE	IS \$61	.25						
DOCUMENT # 742466 (6) SOUTHWEST FLORIDA AEROMODLERS, INC. Principle Florida delianes Maling Address Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo, John 198 Hisboris State 2. Principle Florida delianes Minicanaeo 3. Dela proprieta delianes 3. Dela pr	c	CORPORATION NUMBER REPORT		Sandra E Secreta	3. Mortha ry of Stat	am le					
1. Corporation Name SOUTHWEST FLORIDA AEROMODLERS, INC. Participate Place of Richinos	DOC		-definition			ATIONS					
MANGAMADO JOHN 183 HRSSUS DR FI MYERS BEACH FI 33831 2. Principal Place of Business FI MYERS BEACH FI 33831 3. Date from the first state of Business FI MYERS BEACH FI 33831 3. Date from the first state of Business FI MYERS BEACH FI 33831 3. Date from the first state of Business FI MYERS BEACH FI 33831 3. Date from the first state of Business FI MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date from the first state state of Business First MYERS BEACH FI 33831 3. Date from the first state of Business First MYERS BEACH FI 33831 3. Date fr	1. Corpo	ration Name		• •							
MARGAMAPO, JOHN 130 HISSOUS DR FT MYERS BERCH F, 33831 2 Protopil Parce of Business 3 Protopil Parce o	500	UTHWEST FLORIDA AERC	MODLERS, INC.					1 18 6 (1) 18 8 14 8 16 18 18 18 18 18 18 18 18 18 18 18 18 18	DINIA BUK BURK	BIBIT BIBIT BIBI	1 1841 11611 1661
MANGANINO, JOHN TSI NIBISCUS DR FIT WITERS BEACH FL 33801 2. Principal Flace of Estusivess 2. Prin	Principal F	Place of Business	Mailing Ad	dress							
2. Principal Place of Rusiness 2. A Maining Address 2. A Maining Address 3. A FE NOT APPLICABLE Acquised For 1. Applicable 1. Ap	193 HIBI FT MYER	SCUS DR.	MANGAN 193 Hibis Ft. Myef	ARO. JOHN Scus dr.	3931						
Sulfice, April F., etc Sulfice, April F., etc S										Date of Last 07/03/1	Report 995
SCHALURS Signature Control of Status Desired Status De		al Place of Business	~ ~	Address		,	4.	NOT APPLICABLE			
City & State 28 29 29 20 20 20 20 20 20 20 20		Apt. #, etc.		Apt. #, etc.			I			\$8.7	Additional
Zip Country Zip Country Zip Country Zip Country State Country		State	<u> </u>	State	•		ſ		, _	\$5.0	May Be
PARSON, WADE H. 1853 VICTORIA AVENUE FORT MYERS FL 33901 11. Personnt for the provisions of Sections 617.0002 and 617.1509. Florids Statutes, the above-named corporation submits this statement for the provisions of Sections 617.0002 and 617.1509. Florids Statutes, the above-named corporation submits this statement for the provisions of Sections 617.0002 and 617.1509. Florids Statutes, the above-named corporation submits this statement for the provisions of changing its registered office for standard statement for the provisions of changing its registered office for standard standa		25	29			ntry	8.	This corporation has liability t		tax under s	
PARSON, WADE H. 1853 VICTORIA AVENUE FORT MYERS FL 33901 80 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 Fordids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fordids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am of the purpose of changing its registered agent. I am of the purpose of changing the purpose of chan		9. Name and Address of (Current Registered A	gent		81 Name					
TI. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purposes 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 office familiar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Spathure, lipinal or private rank of inquired agent to the if existions Potte Registered agent, it am	1853	VICTORIA AVENUE				83	Address (P.C	D. Box Number is Not Accep	table)		
SIGNATURE SIGNATURE SUBMANCE, Spend or printed raine of impassed agent, I am for a speciation of the functions of the collections of the collect	11. Pursua	ant to the provisions of Sections 617	7.0502 and 617.1508. I	Florida Statutes	the above	(2) Decreed a	ornoration eul	hmite this etatement for the		<u>L </u>	
12. OFFICER AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	or reg familia	istered agent, or both, in the State of ar with, and accept the obligations of	of Florida. Such change f, Section 617.0503, Flo	was authorized orida Statutes.	by the c	orporation's	board of dire	octors. I hereby accept the a	purpose or o ppointment	as registered	egistered office agent. I am
TITLE NAME NAME NAME NORTH FT. MYERS BEACH FL TOLE NAME NORTH FT. MYERS FL CAMPBELL, MARY NAME NORTH FT. MYERS BLVD. TITLE NAME NAME NORTH FT. MYERS BLVD. TITLE NAME NAME NORTH FT. MYERS BLVD. TITLE NAME NAME NERI, SAL NORTH FT. MYERS BLVD. TITLE NAME NERI, SAL NORTH FT. MYERS BLVD. TITLE NAME NERI, SAL NORTH FT. MYERS BLVD. TITLE NAME NERI, SAL NORTH FT. MYERS FL CITY-SI-ZIP NAME NERI, SAL NORTH FT. MYERS FL CITY-SI-ZIP NAME NERI, SAL NORTH FT. MYERS FL CITY-SI-ZIP NAME NERI, SAL NORTH FT. MYERS FL COLBY, SI-ZIP NAME NERI, SAL NORTH FT. MYERS FL COLBY, SI-ZIP NAME NERI, SAL NORTH FT. MYERS FL COLBY, SI-ZIP NAME NERI, SAL NORTH FT. MYERS FL COLBY, SI-ZIP NAME NERI, SAL NORTH FT. MYERS FL COLBY, SI-ZIP NORTH FT. MYERS FL COLBY, SI-ZIP NORTH FT. MYERS FL Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition SIRRET ADDRESS AL CITY-SI-ZIP COLBY, SI-ZIP NORTH FT. MYERS EN CHIEVEN SOLVEN CITY-SI-ZIP COLBY, SI-ZIP COLBY, SI-ZIP COLBY, SI-ZIP COLBY, SI-ZIP COLBY, SI-ZIP Addition Addition SIRRET ADDRESS AL CITY-SI-ZIP COLBY, SI-ZIP COLBY, SI-ZIP Addition Addition Addition SIRRET ADDRESS AL CITY-SI-ZIP COLBY, SI-ZIP Addition Addition Addition SIRRET ADDRESS AL CITY-SI-ZIP Addition SIRRET ADDRESS AL CITY-SI-ZIP Addition Change Addition Addition Addition Addition SIRRET ADDRESS AL CITY-SI-ZIP Addition Addition Change Addition Addition Addition Change Addition Change Addition Addition Change Change Addition Change Change Addition Change C		Signature, typed or printed name of registers		(NOTE:		Agent signature i					
MANGANARO, JOHN 13 HBISCUS DR. FT MYERS BEACH FL MANGE MANGANARO, JOHN 13 HBISCUS DR. FT MYERS BEACH FL MANGE MORTH FT. MYERS FL MANGE MANGE MYERS BEACH FL MANGE MYERS BEACH FL MANGE MYERS BEACH FL MY		PR D		DELETE	-	I F	<u> </u>	ADDITIONS/CHANGES TO C	FFICERS A		
CITY-ST-2P TITLE COLBY, DAVID TOBLETE TITLE COLBY, DAVID TOBLETE COLBY, DAVID TOBLETE COLBY, DAVID TOBLETE COLBY, ST-2P TOBLETE TOBLET	NAME			-						change	ADDITION
TITLE NAME COLBY, DAVID 17686 ACACIA DR NORTH FT. MYERS FL INCE NAME CAMPBELL, MARY 244 STEVENS BLVD. FT. MYERSBEACH FL ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NERI, SAL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD					1.3 STI	REET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CAMPBELL, MARY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRE			_:	J.			D				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NORTH FT. MYERS FL 2 3 STREET ADDRESS 2 - CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRE			D	DOFFERE			NHOT	I AGNEW		Change	☐ Addition
NORTH FT. MYERS FL 2 4 CITY-ST-ZIP FT. MYERS FL 33 9 9					4				N		
CAMPBELL, MARY 32 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 100 CONTEE DR. 42 NAME 42 NAME 42 NAME 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 101 LE 100 CONTEE DR. 44 CITY-ST-ZIP 101 LE 100 CONTEE DR. 45 STREET ADDRESS 46 CITY-ST-ZIP 101 LE 102 LETE 51 TITLE 103 NAME 100 CONTEE DR. 46 CITY-ST-ZIP 101 LE 102 LETE 51 TITLE 103 NAME 104 CITY-ST-ZIP 105 NAME	CITY - ST- ZIP										
NAME CAMPBELL, MARY 244 STEVENS BLVD. FT. MYERSBEACH FL 33.STREET ADDRESS CITY-ST-ZIP TITLE NAME NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL 101 DELETE 102 DELETE 103 STREET ADDRESS CITY-ST-ZIP TITLE 104 CHange 105 Addition 106 CONTEE DR. 107 ST-ZIP 107 DELETE 108 STREET ADDRESS CITY-ST-ZIP 109 DELETE 100 CONTEE DR. 100 CHANGE 100	TITLE			DELETE			7 7 7 7	1013)127 36	7111	[] Change	☐ Addition
CITY-SI-2IP TIRE NAME NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL 100 CONTEE DR. LE HIGH ACRES FL DELETE A4 CITY-ST-ZIP NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP DELETE S1 TITLE S2 NAME S1 STREET ADDRESS CITY-SI-ZIP TITLE DELETE DELETE 61 TITLE NAME S1 STREET ADDRESS CITY-SI-ZIP TITLE DELETE 61 TITLE NAME 62 NAME 63 STREET ADDRESS CITY-SI-ZIP 14. Job persety certify that the information supplied with this filipp is voluntarily formit for the programment supplied with this filipp is voluntarily formit for the programment supplied with this filipp is voluntarily formit for the programment supplied with this filipp is voluntarily formit for the programment supplied with this filipp is voluntarily formit for the programment supplied with this filipp is voluntarily formit for the programment supplied with this filipp is voluntarily formit for the programment supplied with this filipp is voluntarily formit for the programment supplied with this filipp is voluntarily formit for the programment formit formit formit formit formit formit for the programment formit					3.2 NA	ME					
TITLE NAME NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL 100 CONTEE DR. 100 CONTEE DR.	NAME				3.3 STA	REET ADDRESS					
NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL TILLE NAME STREET ADDRESS CITY-ST-ZIP TILLE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP A					3.4. CD	Y-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE DELETE S1 TITLE S1 TITLE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S1 T	STREET ADORE			1DELETE	4.1 TIT	.E				☐ Change	Addition
CITY-S1-ZIP LE HIGH ACRES FL 4.4 CITY-S1-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-S1-ZIP Addition Addition NAME STREET ADDRESS CITY-S1-ZIP Addition	STREET ADORE CITY-ST-ZIP TITLE	42									
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE S.1 TITLE S.2 NAME S.3 STREET ADDRESS S.4 CITY-ST-ZIP DELETE 6.1 TITLE NAME S.3 STREET ADDRESS C.3 STREET ADDRESS C.3 STREET ADDRESS C.3 STREET ADDRESS C.3 STREET ADDRESS C.4 NAME S.3 STREET ADDRESS C.4 NAME S.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntasible furnished seed described in the life of the seed of t	STREET ADORE CITY-ST-ZIP TITLE NAME	NERI, SAL			4. 2 NA	ME					
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition	STREET ADORE CITY-ST-ZIP THLE NAME STREET ADORE	NERI, SAL 100 CONTEE DR.	C	.							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 54 CITY-ST-ZIP O3/18/3601023033 Change Additing 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 CITY-ST-ZIP 65 CITY-ST-ZIP 66 CITY-ST-ZIP	STREET ADORE CITY-ST-ZIP THLE NAME STREET ADORE CITY-ST-ZIP	NERI, SAL 100 CONTEE DR.			4.3 STF 4.4 Cit	eet address Y-ST-Zip					
Addition	STREET ADORE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	NERI, SAL 100 CONTEE DR.			4.3 STF 4.4 CIT 5.1 TITI	EET ADDRESS Y-ST-ZIP E				Change	☐ Addition
Addition	STREET ADORE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL			4.3 STF 4.4 C(T 5.1 T(T) 5.2 NAR	eet address Y-St-Zip .e Ae		200004		_ ,	Addition
NAME STREET ADDRESS CiTY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is valuated to find the later and the	STREET ADDRE	NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL			4.3 STF 4.4 C/T 5.1 T/T/ 5.2 NAP 5.3 STF	EET ADDRESS Y-ST-ZIP .E ME EET ADORESS		3000017	462	_ ,	☐ Addition
STREET ADDRESS C1TY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is valuated to five field the set of the life field.	STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP	NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL]DELETE	4.9 STF 4.4 CIT 5.1 TITI 5.2 NAP 5.3 STF 5.4 CIT	EET ADDRESS Y-ST-ZIP E AE EET ADORESS Y-ST-ZIP	·	3000017 -03/18/960	'4 52 1023	153 133	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.7 CITY-ST-ZIP	STREET ADDRE CITY-ST-ZIP THLE NAME STREET ADDRE CITY-ST-ZIP THLE NAME STREET ADDRE CITY-ST-ZIP THLE	NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL]DELETE	4.3 STF 4.4 CIT 5.1 TITI 5.2 NAP 5.3 STR 5.4 CIT 6.1 TITL	EET ADDRESS Y-ST-ZIP E AE EET ADORESS Y-ST-ZIP E		3000017 -03/18/960 ***61.25	'4 52 1023	153 133	
14. I do hereby certify that the information supplied with this filing is voluntarily tyriched and does not qualify for the control of the co	STREET ADDRE CITY-ST-ZIP THLE NAME STREET ADDRE CITY-ST-ZIP THLE NAME STREET ADDRE: CITY-ST-ZIP THLE NAME NAME	NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL]DELETE	4.3 STF 4.4 C/T 5.1 T/T/I 5.2 NAP 5.3 STF 5.4 C/T/I 6.1 T/T/L 6.2 NAP	EET ADDRESS Y-ST-ZIP E AE EET ADORESS Y-ST-ZIP E AE		3000017 -03/18/960 ***61.25	'4 62 1023	153 133	
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	STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES	NERI, SAL 100 CONTEE DR. LE HIGH ACRES FL]DELETE	4.3 STF 4.4 CIT 5.1 TITI 5.2 NAP 5.3 STR 5.4 CIT 6.1 TITU 6.2 NAA 6.3 STR	EET ADDRESS Y-ST-ZIP E AE EET ADORESS (-ST-ZIP E AE EET ADDRESS		3000017 -03/18/960 ***61.25	'4 62 1023	153 133	

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SUMMO OFFICER OR DIRECTOR

941-765-518P