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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morik  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764789 (4)

1. Corporation Name

AIRPORT NEIGHBORS, INC.

Principal Place of Business

PO BOX 10943  
BRADENTON FL 34282  
US

Mailing Address

PO BOX 10943  
BRADENTON FL 34282-0943  
US3. Date Incorporated or Qualified  
09/01/19823a. Date of Last Report  
03/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

PASTER, SAUL  
6108 26TH STREET, WEST  
BRADENTON FL 34207

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

TITLE C ☐ DELETE  
NAME MILLER, JOHN J  
STREET ADDRESS 2808 FLORIDA BLVD.  
CITY-ST-ZIP BRADENTON FLTITLE VC ☐ DELETE  
NAME HARGREAVES, ROBERT  
STREET ADDRESS 2610 BAY DRIVE  
CITY-ST-ZIP BRADENTON FLTITLE S ☐ DELETE  
NAME SMITH, GINETTE  
STREET ADDRESS 361 SCOTT AVE  
CITY-ST-ZIP SARASOTA FLTITLE T ☐ DELETE  
NAME REEVES, THOMAS  
STREET ADDRESS 6727 26TH STREET, WEST  
CITY-ST-ZIP BRADENTON FLTITLE D ☐ DELETE  
NAME FIELDS, JACK  
STREET ADDRESS 7619 WESTMORELAND DR  
CITY-ST-ZIP SARASOTA FLTITLE D ☐ DELETE  
NAME NIOSI, EMILE  
STREET ADDRESS 6415 QUAIL HOLLOW PL  
CITY-ST-ZIP BRADENTON 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-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 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:

John J. Miller (CHAIRMAN)

2-4-97

941-756-5833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064306

CR2E037 (9/96)