
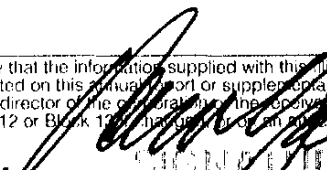


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G15058 (2)			
1. Corporation Name SANDY CREEK AIRPARK, INC.			
Principal Place of Business C/O BLEASE, LLOYD & COMPANY 1500 SAN REMO AVENUE SUITE 239 CORAL GABLES FL 33146-3047 US		Mailing Address C/O BLEASE, LLOYD & COMPANY 1500 SAN REMO AVENUE SUITE 239 CORAL GABLES FL 33146-3047 US	
2. Principal Place of Business 21 12908 Air Way Street Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip 24 32404-2833 Country 25 U.S.A.		2a. Mailing Address 26 12908 Air Way Street Suite, Apt. #, etc. 27 City & State 28 Panama City, FL Zip 29 32404-2833 Country 30 U.S.A.	
3. Date Incorporated or Qualified 12/27/1982		3a. Date of Last Report 03/19/1996	
4. FEI Number 59-2264822		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HUGHEY, BONNIE J. C/O BLEASE, LLOYD & COMPANY 1500 SAN REMO AVENUE, SUITE 239 CORAL GABLES FL 33146-3047			
10. Name and Address of New Registered Agent 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	YOUNG, DAVID F.		
STREET ADDRESS	1500 SAN REMO AVE, #245		
CITY-ST-ZIP	CORAL GABLES FL 54		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	HUGHEY, BONNIE J.		
STREET ADDRESS	1500 SAN REMO AVE, #239		
CITY-ST-ZIP	CORAL GABLES FL 47		
TITLE	HUGHEY, BONNIE J.	<input checked="" type="checkbox"/> DELETE	
NAME	1500 SAN REMO AVE #239		
STREET ADDRESS	CORAL GABLES FL 47		
CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	YOUNG, JUDITH C		
STREET ADDRESS	1500 SAN REMO AVENUE SUITE 245		
CITY-ST-ZIP	CORAL GABLES FL 54		
TITLE	YOUNG, JUDITH C	<input checked="" type="checkbox"/> DELETE	
NAME	1500 SAN REMO AVENUE SUITE 245		
STREET ADDRESS	CORAL GABLES FL 54		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Young, David F.		
1.3 STREET ADDRESS	12908 Air Way Street		
1.4 CITY-ST-ZIP	Panama City, FL 32404-2833		
2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Hughey, Bonnie J.		
2.3 STREET ADDRESS	1500 San Remo Avenue, Suite 239		
2.4 CITY-ST-ZIP	Coral Gables, FL 33146-3047		
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	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	Young, Judith C.		
4.3 STREET ADDRESS	12908 Air Way Street		
4.4 CITY-ST-ZIP	Panama City, FL 32404-2833		
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		<input type="checkbox"/> Change <input type="checkbox"/> 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; the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as the officer or an appointment with the address.			
SIGNATURE: 		3/5/97 (904) 871-2911	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David F. Young, President/Director			

CR2E034 (9/96)