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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H09035

(7)

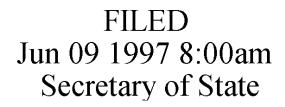
TREASURE COAST AIRPARK, INC.

Principal Place of Business

Mailing Address

P O BOX 3715 FT. PIÈRCE FL 34948

P O BOX 3715 FT. PIERCE FL 34948-3715





					3. Date Incorporated or Qualified 06/21/1984	3a. Date of Last Report 05/01/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2515505	Not Applicable
Sulte, Apt. #, etc.		Suite, Apl. #, etc	- 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	
24	25	29	30			Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	egistered Agent
	CARTY, DANIEL T. III			81 Name		
1608 SEAWAY DR.				82 Street Address (P.O. Box Number is Not Acceptable)		
FT. PIERCE FL 34949						
				83		
				84 City		FL 85 Zip Code
11. Pursuant office or re	to the provisions of Sections 607.050	02 and 607.1508, Florida S e of Florida, Such change v	tatutes, the at	ove-named co by the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered
agent. I a	m tamiliar with, and accept the oblig	gations of, Section 607.050	5, Florida Stat	utes.	,	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable	(NOTE Fleigistered	f Agent signature re	quired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 111	ILE		Change Addition
NAME	MOCARTY, DANIEL T., III		1.2 NA	IME .		
STREET ADDRESS	1608 SEAWAY DRIVE		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		1.4 CI	IY-ST-7IP		
TITLE		DELETE	2.1 11	LE		Change Addition
NAME			2.2 NA	IME		
STREET ADDRESS			23 ST	HEET ADDRESS		
CITY-ST-ZIP			2.40	TY - S1 - Z(P		
TITLE		DELETE	3.1 111	LE		Change Addition
NAME			3.2 NA	.ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP		
TITLE		☐ D[LE16	4.1 7(LE		Change Addition
NAME	•		4. 2 N	AME		
STREET ADDRESS			4.3 S1	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP		
TITLE		DELETE				Change Addition
NAME			5.2 NA	IME		
STREET ADDRESS			5.3 ST	REE1 ADDRESS		
CITY-ST-ZIP				IY-ST-ZIP		
TITLE		DELFTE				Change Addition
NAME			6.2 NA	- 1		-
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				IY-SI-ZIP		
VIII - DI "ZR"			0.4 (7	11 01-616		

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 of the receiver 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 if changed, of on an after intent with an address.