FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N20236

(8)

| COMMUNITIES AGAINST RUNWAY EXPANSION, INC. | | | | | | | | | A 1886/181 GIR AIRIG ROOM ALGOR (1848 GA) RIGHT RIGHT RIGHT ROOM RAGIN RAGIN RAGIN | | | |
|--|-----------|-----------------|---------------|---------------------------------------|-------------------------|-----------------|---|--------------------|--|--|--|--|
| | | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | | |
| * SUSIE CLERMONT | | | | | | | | | | 3. Date Incorporated or Qualified | | |
| 4520 S.W. 30TH WAY | | | | 4520 S | 4520 S.W. 30TH WAY | | | | | 04/21/1987 | | |
| FT. LAUDERDALE FL 33312 | | | | | FT. LAUDERDALE FL 33312 | | | | | 4. FEI Number Applied For | | |
| | | | | | | | | | | 65-0002011 Not Applicable | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | | 5. Certificate of Status Desired S8.75 Additional | | |
| 21 | | | | 26 | | | | | | Fee Required | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| City & State | | | | City & State | | | | | | Trust Fund Contribution | | |
| 23 | | | | 28 | | | | | | Yes No | | |
| Zip | | Countr | у | Zij | р | Col | untry | , | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | | 25 | | 29 | | 30 | , | <u> </u> | | Personal Property Tax due June 30. Yes No | | |
| | 9. Name | and Addre | ss of Current | Register | ed Agent | | 1 | 1 | | 10. Name and Address of New Registered Agent | | |
| | | _ | | | | | 61 | Nan | 10 | | | |
| CLERMONT, SUSIE | | | | | | | | Stre | et Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 4520 S.W. 30TH WAY FT. LAUDERDALE FL | | | | | 8 | | | | · · · · · · · · · · · · · · · · · · · | | | |
| FI. LAUDERDALE FL | | | | | | | | | | | | |
| | | | | | | | 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 4 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and lifte if applicable 12. OFFICERS AND DIRECTORS | | | | | | 13. | Registered Agent algoriture require 13. | | | ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | | | | DELETE | 1.11 | ITLE | | | ☐ Change ☐ Addition | | |
| NAME | FIELD, . | JAY | | | | 1.2 N | ME | | Į. | | | |
| STREET ADDRESS 4501 S.W. 30TH WAY | | | | 1,1 | | | 1,3 STREET ADDRESS | | is | | | |
| CITY-ST-ZIP FT. LAUDERDALE FL | | | | | | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | D | | | | ☐ DELETE | 2.1 T | ITLE | | | ☐ Change ☐ Addition | | |
| NAME | HEINRIT | | | | | 2.2 N | IAME | | | | | |
| STREET ADDRESS | | | | | | | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | <u>IDERDALE</u> | FL | | | | | ST-ZIP | | | | |
| TITLE | D | | | | ☐ DELETE | 3.1 T | | | 1 | Change Addition | | |
| NAME | | S, JERRY | | | | 3.2 N | | | - | | | |
| STREET ADDRESS | | W. 26 TEF | | | | | | T ADDRES | is | | | |
| CITY-ST-ZIP TITLE | D FI. LAU | DERDALE | <u>rl</u> | | DELETE | 3.4. (4.1 T | | ST-ZIP | | Change Addition | | |
| NAME | | MAA 2 | | | | | | | 1 | - Outling - Nation | | |
| NAME WINTERS, ANN STREET ADDRESS 4531 SW 25TH TERR | | | | | 4.2 N | | | T ADORES | | | | |
| CITY-ST-ZIP FT. LAUDERDALE FL | | | 24. | li li | | | | | " | | | |
| TITLE | 1 | PETIDIALE | ·- | | DELETE | 5.1 T | | ST-ZIP | | ☐ Change ☐ Addition | | |
| NAME | | | | | | 5.2 N | | | | | | |
| STREET ADDRESS | | | | | | | | T ADDRES | s | | | |
| CITY-ST-ZIP | (| | | | | - | | ST-ZIP | 1 | | | |
| TITLE | | | | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 6.1 7 | ITLE | | | ☐ Change ☐ Addition | | |
| NAME |) | | | | | 6.2 N | IAME | | | | | |
| STREET ADDRESS | | | | | | 6.3 S | THEET | ADDRES | s | | | |

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE:

NIGER

2/10/1998 95486263

FILED

Feb 16 1998 8:00am

Secretary of State