FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10: 11

DOCUMENT # N34380 (8)

1. Corporation Name
SOUTH FLORIDA FREE FLIGHT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% HAROLD T. FIELDS 4770 BISCAYNE BLVD., SUITE 1130 MIAMI FL 33137	98 NW 72 ST MIAMI FL 33150 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1989
3a. Date of Last Report: 04/21/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) County (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) County (30)

9. Name and Address of Current Registered Agent

KARAFYLLAKIS, STEVEN A
1512 39TH ST.
W. PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: RICHARD A. TOBEY
82 Street Address (P.O. Box Number is Not Acceptable): 1354 SE 5 ST
83
84 City: DEERFIELD BCH FL 85 Zip Code: 33441

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: [signature] 6-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROOP, STEVE 98 NW 72 ST MIAMI FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition BAP THOMAS H. JOHNSON 4241 W. MCNAB RD #12 POMPANO BEACH, FL 33069
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LACOTCHE, TIM 707 SW 27TH AVE BOYNTON BEACH FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition MARK CROUCH 1401 VILLAGE BLVD. #1021 W. PALM BEACH, FL 33409
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DVORAK, ROBIN 6860 SW 45 LANE #9 MIAMI FL 33155	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROUCH, MARIA 1401 VILLAGE BLVD APT 1021 WEST PALM BEACH FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition SECRETARY ILIJA MOSSCROP 7501 E. TREASURE DR. #8-M NORTH BAY VILLAGE, FL 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Kyla Bedwick 3901 S OCEAN DR. 9-S Hollywood, FL 33019	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOP HENRY L. STRIZ 1427 S.W. 116 TH AVE Pembroke Pines FLA 33025	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 4/21/95 (407) 369-3245
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0042899