FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N34380

(8)

SOUTH FLORIDA FREE FLIGHT ASSOCIATION, INC.

Principal Place of Business

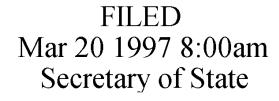
Mailing Address

HAROLD T. FIELDS

4770 BISCAYNE BLVD., SUITE 1130

MIAMI FL 33150-3714

MIAMI FL 33137





WINNE IL COIL	,,				3. Date Incorporated or Qualified 09/27/1989	3a. Date of Last F 04/12/19		
2. Principal I	Place of Business	2a. Mailing Address	- #		4. FEI Number	A	pplied For	
21				<u>νζ</u>	NOT APPLICABLE	N	lot Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	le, Apt. #, etc. APT # 141		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Sta	City & State City & State				6. Election Campaign Financing			
23		28 MIAMI	174		Trust Fund Contribution	Added Added	to Fees	
Ζ φ				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	25 29 33133 30 30 30 30 30 30 3				Florida Statutes Yes No 10, Name and Address of New Registered Agent			
	9. Name and Address of Corre	it negistered Agent	81	Name	10. Name and Address of New No	Bistelen Whelit		
			}	, vaine				
TOBEY, RICHARD A				82 Street Address (P.O. Box Number is Not Acceptable)				
1354 SE 5TH ST				83				
DEERFI	ELD EBAHC FL 33441		0.5	'				
			84	City		85 Zip	Code	
				<u> </u>		FL (*)		
office or	registered agent, or both, in the State	of Florida, Such change was	s authorized b	v the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	surpose of changing of the appointment as	its registered s registered	
agent i	am familiar with, and accept the oblig	ations of, Section 617.0503, F	Florida Statute	is.	,			
SIGNATURE		······					,	
12.	Signature types or probed name of registered age	ent and little if applicable (NO D DIRECTORS	OTE: Registered Ac	lent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DC IN 12	
TELE	D				ADDITIONS/CHAINGES TO OFFIC	Change	Addition	
NAME	1 -		1.1 71TLE 1.2 NAME	}		onango	/\do(\o)	
	KROOP, STEVE			T ADDRESS				
STREET ADDRESS	1 10 111		1.3 STREE	,				
CITY - ST - ZIF	MIAMI FL	DELETE 2.11		51-ZIP		Change	Addition	
NAME	D TIMOLE IAMES					ontarige	11501161	
STREET ADDRESS	TINDLE, JAMES 2640 S BAYSHORE DRIVE		2.2 NAME	T ADDRESS				
CiTY+S1-ZiP Title	COCONUT GROVE FL		2. 4 CITY 3.1 TITLE	-51-ZIP		☐ Change	Addition	
NAME	WRIGHT, SHELBY R		3.2 NAME	-				
STREET ADDRESS	l			T ADDRESS				
City-St-ZiP	MIAMI FL		3.4 CITY					
Tille	V	DELETE	41 TITLE		PRESIDENT	Change	Addition	
NAME	BULLOCK, JIM		4. 2 NAM	- 1	1,0000			
STREET ADURESS				T ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY-	j				
TITLE	P	DELETE	5 t TITLE		VICE PROSIDENT	Change	Addition	
NAME	BERWICK, KYLE	* *	5.2 NAME)	MARTHA BULLOCK	· · · · · ·		
STREET ADDRESS)		4	T ADDRESS	4600 SW 67 ANG # 14	H		
City - St - ZIP	HOLLYWOOD FL		5.4 CITY-	1	MIAMI, FL 33155			
TITLE	BOD	DELETE	6.1 TITLE			☐ Change	Addition	
NAME	STIRIZ, HENRY L	. —	6.2 NAME	1				
STREET ADDRESS	1 2			T ADDRESS				
CITY-ST-ZIP	PEMBROKE PIENS FL		6.4 CITY-	1				
		d with this filing does not aua			ed in Section 119.07(3)(i), Florida Statute	s. I further certify tha	t the	
ınformati	ion indicated on this annual report or s	supplemental annual report is	s true and acc	urate and the	at my signature shall have the same lega ort as required by Chapter 617. Florida S	al effect as if made ur	nder oath; th	

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 AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

I SHELBY & WRIGHT

2/24/97

305-375 3438