


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34380 (8) 1. Corporation Name SOUTH FLORIDA FREE FLIGHT ASSOCIATION, INC.			
Principal Place of Business % HAROLD T. FIELDS 4770 BISCAYNE BLVD., SUITE 1130 MIAMI FL 33137		Mailing Address 98 NW 72 ST MIAMI FL 33150-3714 US	
2. Principal Place of Business 21		2a. Mailing Address 26 4600 SW 67th AVE	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 APT # 141	
City & State 23		City & State 28 MIAMI, FL	
Zip 24		Zip 29 33155	
Country 25		Country 30 USA	
9. Name and Address of Current Registered Agent TOBEY, RICHARD A 1354 SE 5TH ST DEERFIELD EBAHC FL 33441		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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	KROOP, STEVE	98 NW 72 ST
		MIAMI FL	
	D	TINDLE, JAMES	2640 S BAYSHORE DRIVE
		COCONUT GROVE FL	
	T	WRIGHT, SHELBY R	8321 SW 156 ST
		MIAMI FL	
	V	BULLOCK, JIM	4600 SW 67TH AVE #141
		MIAMI FL	
	P	BERWICK, KYLE	3901 S OCEAN DR 9-J
		HOLLYWOOD FL	
	BOD	STIRIZ, HENRY L	1477 SW 116TH AVE
		PEMBROKE PIENS FL	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	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 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: <i>Shelby R. Wright</i> SHELBY R. WRIGHT 2/24/97 305-375-3438 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030765			

CR2E037 (9/96)