

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34380** (8)  
Corporation Name  
**SOUTH FLORIDA FREE FLIGHT ASSOCIATION, INC.**



Principal Place of Business <b>% HAROLD T. FIELDS 4770 BISCAYNE BLVD., SUITE 1130 MIAMI FL 33137</b>	Mailing Address <b>4800 SW 67 AVE APT 141 MIAMI FL 33155 US</b>
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3. Date Incorporated or Qualified <b>09/27/1989</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 <b>4600 SW 67 Ave</b> Suite, Apt. #, etc. 22 <b>Apt 141</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33155</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TOBEY, RICHARD A 1354 SE 5TH ST DEERFIELD BEACH FL 33441</b>
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10. Name and Address of New Registered Agent 81 Name <b>Jim Bullock</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4600 SW 67 Ave # 141</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33155</b>
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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 **Jim Bullock** DATE **3-12-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KROOP, STEVE 98 NW 72 ST MIAMI FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TINDLE, JAMES 2840 S BAYSHORE DRIVE COCONUT GROVE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T WRIGHT, SHELBY R 8321 SW 156 ST MIAMI FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BULLOCK, JIM 4800 SW 67TH AVE #141 MIAMI FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP BULLOCK, MARTHA 4800 SW 67 LANE #141 MIAMI FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BOD STIRIZ, HENRY L 1477 SW 116TH AVE PEMBROKE PIENS FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>President James Bullock 4600 SW 67 Ave Miami, FL 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VP Jim Quinlan 615 Bayshore Dr Apt #3 FT Lauderdale, FL 33304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>Treasurer Charles A. Eaves 16701 NW 88th Ave Miami, FL 33016</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>Secretary Martha Bullock 4600 SW 67th Ave #141 Miami, FL 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>Director Richard Tobey 1354 SE 5th St Deerfield Beach FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Charles A. Eaves** DATE: **3-13-98** 305 558 2209

CF2E037 (10/97)