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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45239** (3)

1. Corporation Name

MIAMI GLIDER CLUB, INC.

Principal Place of Business

Mailing Address

~~XXXXXX~~
~~XXXXXX~~

~~XXXXXX~~
~~XXXXXX~~

2. Principal Place of Business

2a. Mailing Address

21 9990 S.W. 77th Avenue

26 9990 S.W. 77th Avenue

22 Suite, Apt. #, etc.
Suite 330

27 Suite, Apt. #, etc.
Suite 330

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip
33156

25 Country
Miami-Dade

29 Zip
33156

30 Country
Miami-Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/20/1991

4. FEI Number

65-0292677

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

John A. Margolis

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 330, 9990 S.W. 77th Avenue

83

84 City Miami, FL

FL

85 Zip Code
33156

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FINK, CHARLES	
STREET ADDRESS	4391 NW 113 AVE.	
CITY-ST-ZIP	SUNRISE FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FOX, KEVIN	
STREET ADDRESS	6620 SW 92 ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, DAVID A.	
STREET ADDRESS	15201 S.W. 216TH ST	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSK, YALE	
STREET ADDRESS	10875 SW 69TH CT	
CITY-ST-ZIP	MIAMI FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ALBURY, ROBERT	
STREET ADDRESS	6101 S.W. 70TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BINGHAM, SCOTT	
STREET ADDRESS	13276 SW 99 TERR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kevin Fox	
1.3 STREET ADDRESS	6620 S.W. 92nd Street	
1.4 CITY-ST-ZIP	Miami, FL 33156	

2.1 TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Burt Compton	
2.3 STREET ADDRESS	10330 S.W. 102 Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33176	

3.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John A. Margolis	
3.3 STREET ADDRESS	Suite 330, 9990 SW 77th Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33156	

4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ted Andros	
4.3 STREET ADDRESS	200 Ocean Lane Dr., #1007	
4.4 CITY-ST-ZIP	Key Biscayne, FL 33149	

5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gary Fink	
5.3 STREET ADDRESS	2159 Baton Rouge	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Signature, typed or printed name of signing officer or director

3/27/98 (303) 595 1911

CR2E037 (10/97)