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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90065 004 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N45239**

1. Corporation Name

**MIAMI GLIDER CLUB, INC.**

Principal Place of Business

9990 SW 77TH AVE  
SUITE 300  
MIAMI FL 33156  
US

Mailing Address

9990 SW 77TH AVE  
SUITE 300  
MIAMI FL 33156  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

25

9. Name and Address of Current Registered Agent

**MARGOLIS, JOHN A**  
**9990 SW 77TH AVE**  
**P.O. BOX 300**  
**MIAMI FL 33156**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 ☐

**\$5.00** May Be

Added to Fees

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

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 **VPD** ☒ DELETE  
NAME **COMPTON, BURT**  
STREET ADDRESS **10330 SW 102ND AVE**  
CITY-ST-ZIP **SUNRISE FL 33176**

TITLE **PD** ☒ DELETE  
NAME **FOX, KEVIN**  
STREET ADDRESS **6620 SW 92 ST**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **SD** ☐ DELETE  
NAME **MARGOLOIS, JOHN A**  
STREET ADDRESS **9990 SW 77TH AVE, SUITE 300**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ DELETE  
NAME **ANDROS, TED**  
STREET ADDRESS **200 OCEAN LANE DR, #1007**  
CITY-ST-ZIP **KEY BISCANE FL 33149**

TITLE **DT** ☐ DELETE  
NAME **ALBURY, ROBERT**  
STREET ADDRESS **6101 S.W. 79TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ 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 **P/D** ☐ Change ☒ Addition  
1.2 NAME **RUSSELL, DAVID**  
1.3 STREET ADDRESS **15201 S.W. 216TH ST**  
1.4 CITY-ST-ZIP **BOULDS, FLA. 33170**

2.1 TITLE **STEFFENSEN, OVE** ☐ Change ☒ Addition  
2.2 NAME **979 SPOONBILL CIR**  
2.3 STREET ADDRESS **FT. LAUDERDALE, FLA. 33326**  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*[Signature]*

4/26/9

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