## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48600

(3)

## AVIATION ADVANCEMENT ASSOCIATION, INC.

										l
Principal Place	e of Busines	Mailing	Mailing Address				- [ (A Britan an arabe (Dan Brita ad II) a		I	
2665 NW 56TH HANGAR 54 FT. LAUDERDAI		HANGAF	2665 NW 56TH ST. HANGAR 54 FT. LAUDERDALE FL 33309-2673 US							
US							3. Date Incorporated or Qualified 04/28/1992	3a. Date of Last Report 01/29/1996		
2. Principal P	lace of Busin	ness	<b>├</b> ──	2a. Mailing Address 26				4. FEI Number 65-0330711	Applied For Not Applicat	
21 Sulte, Apt.	#. etc.			Suite, Apt. #, etc.				1 00 0000	\$9.75 Additional	ne
22			27	27				5. Certificate of Status Desired	Fee Required	
City & State	e		<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Zip   Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,		
24	25			29 30				Florida Statutes		
9. Name and Address of Current Registered Agent						ļ.,		10. Name and Address of New Reg	istered Agent	_
					81	Name				
	'SON, TERI W. 56TH S'				82	Street Addre	ess (P.O. Box Number is Not Acceptable	е)		
HANGER		1.						<del></del>		
FT. LAUI	DERDALE I	FL 33305				84	City		FL 85 Zip Code	
11. Pursuant	to the provis	ions of Sections 617	.0502 and 617.15	08, Florida Statu	ites, the a	LDOV6	L e-named corpo	pration submits this statement for the pu	rnose of changing its registere	d
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.	Signature, typeo		AND DIRECTOR		12: Hogister	aa Age	int signature require	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12	
TITLE	0	O. HOLHO	7.11.12 12.11.12.13.1	DELETE	1.1 T	TLE	T	7.5544.514.7511.444.525.15.51110	Change Additi	 00
NAME	DESALV	O, JAMES		1.2 NA					— · —	
STREET ADDRESS		N 62ND STREET					ADDRESS			
CITY-ST-ZIP	CITY-ST-ZIP FT. LAUDERDALE FL						T-ZIP			
TITLE	D			DELETE	2.1 T				☐ Change ☐ Additi	on.
NAME	ROBERT	rson, terry n.		2.21	2.2 NAME					
STREET ADDRESS		W. 56TH ST. HAN	GER 54		2.3 9	TREET	ADDRESS			
CITY-ST-ZIP	FT. LAU	iderdale fl		2.40			ST-ZIP			
TITLE	D DELETE					3.1 TITLE			☐ Change ☐ Additi	on
NAME	BLACKFORD, BILL					IAME			•	
STREET ADDRESS						TREET	ADDRESS			
CITY-ST-ZIP	FT. LAU	DERDALE FL			3.4. (	CITY - S	ST-ZIP			
TITLE				☐ DEL <del>E</del> TE	4.1 T	ITLE			☐ Change ☐ Additi	on
NAME					4.21	NAME				
STREET ADDRESS					4.3 8	TREET	ADDRESS			
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TITLE				DELETE	5.1 T	TLE			Change  Additi	on
NAME					5.2 N	IAME				
STREET ADDRESS				5.3 STREET ADDRESS			ADDRESS			
CITY-ST-ZIP				5.4 CITY - ST - ZIP			T - ZIP			
TITLE				DELETE	6.1 T	TLE			Change Additi	on
NAME					6.2 N	IAME				
STREET ADDRESS					6.3 9	TREET	ADDRESS	•		

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.

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