

MAP

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49501 (2)

1. Corporation Name
BOJAC AVIATION CLUB, INC.



Principal Place of Business P.O. BOX 35 HOMESTEAD FL 33090	Mailing Address P.O. BOX 35 HOMESTEAD FL 33090
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3. Date Incorporated or Qualified 06/23/1992	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Zip	Country	Country
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24. Country	25. Country	29. Country	30. Country
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4. FEI Number 65-0341841	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

LINDEMAN, JOHN P.
25425 SOUTHWEST 212TH AVENUE
HOMESTEAD FL 33090

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REISINGER, ROBERT L.	
STREET ADDRESS	16900 SW 88 CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REISINGER, BEATRICE M.	
STREET ADDRESS	16900 S.W. 88TH COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINDEMAN, JOHN P.	
STREET ADDRESS	25425 S.W. 212TH AVENUE	
CITY - ST - ZIP	HOMESTEAD FL 33090	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINDEMAN, BARBARA A.	
STREET ADDRESS	25425 SW 212TH AVENUE	
CITY - ST - ZIP	HOMESTEAD FL 33090	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDEMAN, JOHN P.	
1.3 STREET ADDRESS	25425 SW 212 Av.	
1.4 CITY - ST - ZIP	HOMESTEAD, FL. 33090-0035	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LINDEMAN, BARBARA A.	
2.3 STREET ADDRESS	25425 SW 212 Av.	
2.4 CITY - ST - ZIP	HOMESTEAD, FL. 33090-0035	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Amy C. Lindeman	
3.3 STREET ADDRESS	25425 SW 212 Av.	
3.4 CITY - ST - ZIP	HOMESTEAD, FL. 33090-0035	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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: Barbara A. Lindeman 3/18/97 (305) 245-3137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078286

CR2E037 (9/96)

[Handwritten signature]

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