

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000665 (8)

1. Corporation Name
THE 55TH STRAT RECON WING ASSOCIATION, INC.



Principal Place of Business Mailing Address
**151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541** **151 CALHOUN AVENUE, UNIT 507
DESTIN FL 32541**

3. Date Incorporated or Qualified: **02/08/1995** 3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3303017	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
WATERS, CHARLES E 151 CALHOUN AVENUE, UNIT 507 DESTIN FL 32541		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBERMAN, ERROL	1.2 NAME	PIZZO, SAMUEL
STREET ADDRESS	6690 AVENIDA CODORNIZ	1.3 STREET ADDRESS	218 NOTTOWAY DR
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP	MANDEVILLE LA 70448
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, JOHN B	2.2 NAME	HOOVER, ROBB
STREET ADDRESS	1718 LILI BERRY LANE WEST	2.3 STREET ADDRESS	3308 LYNWOOD DR
CITY-ST-ZIP	NICEVILLE FL 32578-8740	2.4 CITY-ST-ZIP	BELLEVUE NE 68123
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATERS, CHARLES E	3.2 NAME	OLMSTEAD, BRUCE
STREET ADDRESS	151 CALHOUN AVENUE, UNIT 507	3.3 STREET ADDRESS	3707 THOMAS POINT RD
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	ANNAPOLIS MD 21403
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MOORE, MAX R.
STREET ADDRESS		4.3 STREET ADDRESS	201 BASSWOOD COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BELLEVUE NE 68005
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	WATERS, CHARLES E
STREET ADDRESS		5.3 STREET ADDRESS	151 CALHOUN AVE UNIT 507
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 E Waters Date: 2-1-96 Daytime Phone #: 904-837-6891

CR2E037 (12/95)