

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000000665 (8)  
1. Corporation Name  
THE 55TH STRAT RECON WING ASSOCIATION, INC.



Principal Place of Business: 151 CALHOUN AVENUE, UNIT 507, DESTIN FL 32541  
Mailing Address: 151 CALHOUN AVENUE, UNIT 507, DESTIN FL 32541-1562

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 02/08/1995  
3a. Date of Last Report: 02/07/1996  
4. FEI Number: 59-3303017  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
WATERS, CHARLES E  
151 CALHOUN AVENUE, UNIT 507  
DESTIN FL 32541

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBERMAN, ERROL	
STREET ADDRESS	6890 AVENIDA CODORNIZ	
CITY-ST-ZIP	NAVARRE FL 32568	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOOVER, ROBB	
STREET ADDRESS	3308 LYNNWOOD DRIVE	
CITY-ST-ZIP	BELLEVUE NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATERS, CHARLES E	
STREET ADDRESS	151 CALHOUN AVENUE, UNIT 507	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PIZZO, SAMUEL	
STREET ADDRESS	218 NOTTOWAY DRIVE	
CITY-ST-ZIP	MANDEVILLE LA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	OLMSTEAD, BRUCE	
STREET ADDRESS	3707 THOMAS POINT ROAD	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, MAX R.	
STREET ADDRESS	201 BASSWOOD COURT	
CITY-ST-ZIP	BELLEVUE NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR PIZZO, SAMUEL
4.3 STREET ADDRESS	218 NOTTOWAY DR
4.4 CITY-ST-ZIP	MANDEVILLE, LA
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S.D. WHITE, BENJAMIN L
5.3 STREET ADDRESS	BOX 2406 OCEAN SANDS
5.4 CITY-ST-ZIP	COROLLA, N.C. 27927
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ER P.D. ERNET, WILLIAM H
6.3 STREET ADDRESS	410 GREENBRIAR CT
6.4 CITY-ST-ZIP	BELLEVUE NE 68006

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: *Charles E. Waters* DATE: 2-10-97 DAYTIME PHONE: 904-837-6891

CFR2E037 (9/96)