## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 

\*\*Example 1.15\*\*

\*\*Example 2.15\*\*

\*\*Example 2.15\*

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500000919 (9)

THE FLORIDA KEYS AVIATION ASSOCIATION, INC.

THE FEORIDA RETO ATIATION AGGODIATION, 1140.							
Principal Place of Business		Mailing Address			T TO DEFINE TO THE TOTAL BROKE BOOK DAIL	T BOUND BRAND BRAND HOU	OL IFALO FALL LODE
11587 OVERSEAS HWY MARATHON FL 33050		11587 OVERSEAS HWY MARATHON FL 33050					
					3. Date incorporated or Qualified 02/23/1995	3a. Date of Last	Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26				X'	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State	¬ `		6. Election Campaign Financing	\$5.0	<b>0</b> Мау Ве
<b>23</b>   Zip	Country	28	0		Trust Fund Contribution		d to Fees
24	25	Zip <b>29</b>	Country 30	'	8. This corporation has liability for in		199.032,
	9. Name and Address of Current		30		Florida Statutes  10. Name and Address of New Re	Yes No	
			81	Name			
oe/peo	-AIETA-J		82		Alfred K. Frigola,		
9E/BERXNETAVL							
9705 OVERSEAS HWY			83		5701 Overseas Highw	ay, Suite I	/
MXRATHON FL 33050 -							
			84	Olty			Code
11. Pursuant	to the provisions of Sections 617,0562	nd 827 1508 Plorida Status	the above	amed come	Marathon	FL   3	3050
<ul> <li>or register</li> </ul>	red agent, or both, in the State of Florida	Such change was authorized	ed by the corp	oration's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	intment as registered	agent. I am
		617.0503, Florida Statute				2/10/10	,
SIGNATURE	Signature, typed or printed name of registered agent an	Title if applicable (M	TE: Bosista di Ago	t agastum ma de	red when reinstating)	2/13/9	6
1ž.	OFFICERS AND		13.	ic any latter radius	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 12
TOLE	RIMMED RAMAY	<b>DELETE</b>	1.1 TALE		President	Change	Addition
NAME	1220 127 M St	<del></del>	1.2 NAME		THEA RAMSTY	£1	
STREET ADDRESS	MARATHIN,		1.3 STREET	1 1	1220 122 nd St.		
CITY-ST-ZIP	FL 33050		1.4 CITY - S		MARATHEN, FL. 33050		
TITLE	MARION WINNER	<b>™</b> ØELETE	2.1 TITLE		1. PRESIDENT	Change	Addition
NAME	2109 819 54 60	_	2.2 NAME		MARION WINNER		CI) / Nounion
STREET ADDRESS	MARATHAN	` <i>'</i> J'	2 3 STREET	ADDRESS 2	2109 8185 St. GUL	F	
CITY - ST - ZIP	F1. 33050		2. 4 CITY -		MANATHON, FL 330	5 &	
THILE	ANTHONY D'AINTS	DELETE	3.1 TITLE		REASURER D	☐ Change	Addition
NAME			3.2 NAME	16	ANTHONY D'AIUTE		
STREET ADDRESS	11685 2 74 AVE		3.3 STREET	ADDRESS	11682 SOHAYE		
CITY - ST - ZIP	MARATHIN FL. 33050		3.4. CITY - 5	<sub>it-zip</sub>   <b>r</b>	MARATHON, F1. 33056		
TIFLE	RICHARD RUDELL	<b>₽</b> DÉLETE	4.1 TITLE	1 -	SECRETANY-D	☐ Change	<b>☑</b> Addition
NAME	P.0,304 82		4.2 NAME	r	RICHARD RUDELL	•	
STREET ADDRESS	MARATHAN		4 3 STREET		000 82 11685 2nd	Ave	
CITY-SI-ZIP	F1 33050		4.4 CITY - S	T-ZIP	MARATUN, FL 37050		ĺ
TITLE	PAUL De MONANVIL	1 € ØÉLETE	5 1 TITLE	5	SAFRY OFFICER -D	Change	Addition
NAME	890 79 12 51		5.2 NAME	P	PAUL DE MORANVILLE	£	•
STREET ADORESS	MARAT HON		5.3 STREET	ADDRESS   S	उन् नमा ५		1
CITY - ST - ZIP	F6.33050		5.4 CITY-S	I-ZIP N	MARATHEN FL 33050		
TOLE		DELETE	6.1 TITLE			☐ Change	- Addition
NAME			6.2 NAME		10000172 -03/13/96010 ***61.25	108e i	77 (XK
STREET ADDRESS			6.3 STREET	ADDRESS	-03/13/96010	124010	2x/28
CITY+ST-ZIP			6.4 CITY - S	T-ZIP	***61.25	410	ው ቦን

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (305)743.3444 Delto Despine Proces