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

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500000919

1. Corporation Name

THE FLORIDA KEYS AVIATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11587 OVERSEAS HWY MARATHON FL 33050

11587 OVERSEAS HWY MARATHON FL 33050

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90049 042 \*\*\*\*61.25

|  | •  |                                    |               | •                    |  |  |             |
|--|--|------------------------------------|---------------|----------------------|--|--|-------------|
| 2 Principal P  | lace of Business                                     | 2a. Mailing Address                |               |                      | 3. Date Incorporated or Qualifed   |  | <u> </u>    |
| · ·  | ~l //  | - 0. B ( 0 - 5                     |               |                      |  |  |             |
|  | <del></del>  | _ <del></del>                      |               |                      | 4. FEI Number  | App  | ied For     |
| — · ·  | **, e.c. /   | <u> </u>                           |               |                      | NOT APPLICABLE   | · -  |             |
|  | 9  |                                    |               | . , , ,              | trade to the season of a season of the seaso | - \$8.75 Ad                                    | Iditional   |
| <b>= '</b>   | of thorda  |                                    | U. FL         | DRINA                | 5. Certificate of Status Desired   | Fee Req  | uired       |
|  | Country  | Zip                                |               |                      | 6 Election Campaign Financing  | \$5.00 N                                       | lav Be      |
| 24 330   | 30 15A   | 29 30 50 50                        | Do            | SA                   | Trust Fund Contribution  | . +  |             |
| NOT APPLICABLE   Not Application   Not Application   Not Application   Not Application   Not Application   Not Application   Status Desired   \$8.75 Additions   Fee Required   \$8.70 Add to Fees   \$8.75 Additions   \$8.75 Additions |  |                                    |               |                      |  |  |             |
|  |  | ,                                  | 81            | Name                 |  | V 1  |             |
| EDIGOI A   | ALERED K   | . 92 Street Ad                     |               | Street Adds          | Address (D.O. Boy Number is Not Acceptable)  |  |             |
|  |  | 82 Street Add                      |               | Stieet Addi          | ess (F.O. DOX Number is Not Acceptable)  |  |             |
|  | HORYO LIIGHAAA 💛 💮                                   |                                    | 83            |                      |  |  |             |
|  | N EL 33050   |                                    | -             |                      |  | os Zin Ci                                      |             |
| MARAITU  | 14 F C 30000   |                                    | 84            | City                 | F  | L 85 Zip Co                                    | oue.        |
| 11. Pursuant   | to the provisions of Sections 617.0502               | and 617.1508. Florida Statutes.    | the above     | e-named corp         | oration submits this statement for the purpose   | of changing its n                              | egistered   |
| office or r  | egistered agent, or both, in the State of            | Florida, Such change was auth      | orized by     | the corporation      | on's board of directors. I hereby accept the ap  | pointment as regi                              | stered      |
|  |  |                                    | a 31210188    | •                    | 41   | 14/99  |             |
| SIGNATURE  | Stanshire, typed or winted harre of registered agent | and title if applicable. (NOTE: Re | gistered Ager | nt signature require | d when reinstating) DATE   | <u>'T                                     </u> |             |
|  |  |                                    |               |                      |  | AND DIRECTOR                                   | S IN 12     |
| TITLE  | Ρ  |                                    | 1.1 TITLE     | 1                    | ICHARN ROMSAY  | Change   | Additio     |
|  | RAMSAY, THEA   |                                    | 1.2 NAME      |                      | 720 12-04 51   | P.   |             |
| STREET ADDRESS   | 1  |                                    | 1.3 STREET    | r Ann Deee i         |  |  | ur          |
|  |  |                                    | 1.4 CrTY+S    | T-ZIP                | TARATHIN, FLA 33.50  |  |             |
|  | · · · · · · · · · · · · · · · · · · ·                | <b>№</b> DELETE                    |               | A                    | WTHINH NAULTO  | Change   | Additio     |
|  | ''   |                                    | 2,2 NAME      |                      | RANT AIR W   | ica Para                                       |             |
|  | 1 3  |                                    | 2.3 STREET    | ADDRESS 0            | 15 Huy   | 1/100  | any         |
|  | This late   Tale   No.                               |                                    |               | T.7IP                | MARATALOW FLA 33-50  |  |             |
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|  | MARATRUM PL 33000                                    | ☐ DELETE                           |               |                      |  | Change   | Additio     |
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| NAME   | 1  |                                    |               | TADDDECC             |  |  | ,           |
| STREET ADDRESS   | 1  |                                    | 6.3 STREE     | I AUDRESS            |  |  |             |

14. I 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, with all other like empowered.

6.4 CfTY-ST-ZfP

SIGNATURE:

CITY-ST-ZIP