## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| POCUMENT # N9500004866 (8)  R. A. AIRPORT, INC. |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  | 1 (45)1121 8/5 (5/5) 4/1/ 45/1/ 45/1/ 45/1/  |  |
| -   | •  |  |  |  |  |
| Principal Place of Business Mailing Address     |  |  |  |  | ONI ANNO CORS CRIO CIUN AIST 1901                          |
| 19915 NW 80TH DRIVE 19915 NW 80TH DRIVE         |  |  |  | 3. Date Incorporated or Qualified  | •  |
| OKEECHOBEE                                      | FL 34972   | OKEECHOBEE FL 34972  |  | 10/13/1995   |  |
|   |  |  |  | 4. FEI Number  | Applied For  |
| 2. Principal P                                  | ace of Business  | 2a. Mailing Address  |  | 65-0649764   | Not Applicable \$8.75 Additional                           |
| 21  |  | 26   |  | 5. Certificate of Status Desired   | Fee Regulred   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.         |  |  | 6. Election Campaign Financing   | \$5.00 May Be  |  |
| City & State                                    | )  | City & State   |  | Trust Fund Contribution  | Added to Fees  |
| 23  |  | 28   |  | 7. Is this nonprofit corporation a homeo   |  |
| Zip   | Country  | Zip  | Country  | 8. This corporation owes or has paid the   |  |
| 24  | 9. Name and Address of Curren  | 29   | 30   | Personal Property Tax due June 30.  10. Name and Address of New Registe                          | Yes No   |
|   | V. Name and Address of Curren  | it Hegistered Agent  | 81 Name  |  | red Agent  |
| 150   |  |  |  | BUSSELL JANS   |  |
| 14204 PARADISE POINT ROAD                       |  |  | 82 Street Addi   | ress (P.O. Box Number is Not Acceptable)   |  |
| PALM BEACH GARDENS FL 33410                     |  |  |  |  |  |
|   |  |  | 84 City  | / /  | 85 Zip Code  |
| 44 6  | 10   |  | OKE  |  | <b>FL</b>     34972  |
| office or re                                    | to t <b>he</b> provisions of Sections 617.050<br>a <b>giste</b> red agent, or both, in the State | 2 and/617.1508, Florida Statuti<br>of Florida. Such change was a | es, the above-named corporate the corporate of the corpor | poration submits this statement for the purpo-<br>tion's board of directors. I hereby accept the | se of changing its registered<br>appointment as registered |
|   |  |  | <i></i>  |  | 1-30-98  |
| SIGNATURE .                                     | Signature, typod or printed name of registered and   | ont and tille if applicable. (NOT)                               | E: Registered Agent signature requi  |  | TE   |
| 12.   | OFFICERS AN  |  | 13.  | ADDITIONS/CHANGES TO OFFICERS  |  |
| TITLE   | PD MALLAND GEODOE  | ☐ DELETE   | 1.1 TITLE  |  | Change Addition  |
| NAME<br>Street address                          | WILLIAMS, GEORGE<br>19535 NW 80TH DRIVE  |  | 1.2 NAME<br>1.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                                     | OKEECHOBEE FL  |  | 1.4 CITY-ST-ZIP  |  |  |
| TITLE   | VD   | ☐ DELETE   | 2.1 TITLE  |  | ☐ Change ☐ Addition  |
| NAME  | POTTS, JOHN R  |  | 2.2 NAME   |  |  |
| STREET ADDRESS                                  | 19915 NW 80TH DRIVE  |  | 2.3 STREET ADDRESS   |  | \  |
| CITY-ST-ZIP                                     | OKEECHOBEE FL 34972  | DELETE   | 2. 4 CITY - ST - ZIP   |  | Chance Addition  |
| TITLE<br>NAME                                   | std<br>Bussell, Jan S  | L. DECETE  | 3.1 TITLE<br>3.2 NAME  |  | Change   |
| STREET ADDRESS                                  | 14204 PARADISE POINT ROA   | D  | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                                     | PALM BEACH GARDENS FL  |  | 3.4. CITY - ST - ZIP   |  | Ì  |
| TITLE   |  | ☐ DELETE   | 4.1 TITLE  |  | Change Addition  |
| NAME  |  |  | 4. 2 NAME  |  |  |
| STREET ADDRESS                                  |  |  | 4.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP<br>TITLE                            |  | DĒLĒTE   | 4.4 CITY-ST-ZIP<br>5.1 TITLE   | · · · · · · · · · · · · · · · · · · ·  | Change Addition  |
| NAME  |  |  | 5.2 NAME   | ·  | C o totalida C voncenti                                    |
| STREET ADDRESS                                  |  |  | 5.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                                     |  |  | 5.4 CITY-ST-ZIP  |  |  |
| TITLE   | ***************************************  | DELETE   | 6.1 TITLE  |  | Change Addition  |
| NAME  |  |  | 6.2 NAME   |  |  |
| STREET ADDRESS                                  |  |  | 6.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                                     |  |  | 6.4 CITY - ST - ZIP  |  |  |

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.

NOMATURE. 1. C. P.

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**FILED** 

May 14 1998 8:00am

Secretary of State