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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002022

1. Corporation Name

CITIZENS FOR CONTROL OF AIRPORT NOISE, INC.

Principal Place of Business

559 15TH AVENUE SOUTH
NAPLES FL 34102
US

Mailing Address

POST OFFICE BOX 2111
NAPLES FL 34106-2111



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/15/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0661990
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GREGORY, C. NEIL
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 33940

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EMER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, FRED	1.2 NAME	
STREET ADDRESS	1966 FOURTH STREET SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCH, BILL	2.2 NAME	
STREET ADDRESS	599 15TH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHEIM, AL	3.2 NAME	
STREET ADDRESS	1100 8TH AVENUE SOUTH, APT. 229K	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOULARD, RON	4.2 NAME	
STREET ADDRESS	1595 AVION PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, SAM	5.2 NAME	
STREET ADDRESS	1165 CLAM COURT, APT. 10	5.3 STREET ADDRESS	3447 Marbella Ct.
CITY-ST-ZIP	NAPLES FL 34112	5.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, RICHARD	6.2 NAME	
STREET ADDRESS	930 18TH AVE. SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Bill Busch PRESIDENT 4 JAN 99 (941) 263-0922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)