

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P93000041971 (1)**

1. Corporation Name

CITIZENS AGAINST PROJECT AEROPLEX, INC.



Principal Place of Business

Mailing Address

**3641A PALM CITY SCHOOL AVE
PALM CITY FL 34990
US**

**P O BOX 1586
PALM CITY FL 34990
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1993		3a. Date of Last Report 07/27/1995	
21 3442 S.W. Armellini		26		4. FEI Number 65-0412465		Applied For Not Applicable	
22 Box #5		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Palm City, Fla.		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 34990		25 Marten		29 34991		30	
25 Marten		29 34991		30		Country	

9. Name and Address of Current Registered Agent

**TETER, JEANNE O
2239 SW DANFORTH CIRCLE
PALM CITY FL 34990**

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 607.0502 and 607.1508, 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, Sect on 607.0505, Florida Statutes.

SIGNATURE

Jeanne O. Teter

(Signature of Registered Agent required when re-registering)

DATE

7/28/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	DBP	BROWN, JAMES	1200 SW DYER POINT ROAD PALM CITY FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	DS	STOVER, MARGARET	2481 SW RACQUET CLUB DR PALM CITY FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	D	MULSTAY, ALLAN	3065 SW MONTEBELLO PL PALM CITY FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	DT	TETER, JEANNE	2239 SW DANFORTH CIR PALM CITY FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	DP	SHAW, WILLIAM	5177 SW ANHINGA AVE PALM CITY FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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:

Jeanne O. Teter

Jeanne O. Teter

7/29/96

286-5469

(Signature and Typed or Printed Name of Signing Officer or Director)

Date

Telephone Number

CR2E034 (3/96)