

**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
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DOCUMENT # P93000041971 (1)
1. Corporation Name

CITIZENS AGAINST PROJECT AEROPLEX, INC.



Principal Place of Business 3641A PALM CITY SCHOOL AVE PALM CITY FL 34990 US	Mailing Address P O BOX 1586 PALM CITY FL 34990 US
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2. Principal Place of Business 21 3442 S.W. Armellini Ave.	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/08/1993	3a. Date of Last Report 07/27/1995
22 Box #5	27	4. FEI Number 65-0412465	Applied For <input type="checkbox"/> Not Applicable
23 Palm City, Fla.	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34990	25 Martin	29 34991	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 the person named as registered agent on this filing (if applicable)

(If Applicable) Registered Agent Signature required when re-stating

7/28/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES	12 NAME	
STREET ADDRESS	1200 SW DYER POINT ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	14 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, MARGARET	22 NAME	
STREET ADDRESS	2461 SW RACQUET CLUB DR	23 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	24 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULSTAY, ALLAN	32 NAME	
STREET ADDRESS	3065 SW MONTEBELLO PL	33 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	34 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETER, JEANNE	42 NAME	
STREET ADDRESS	2239 SW DANFORTH CIR	43 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	44 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, WILLIAM	52 NAME	
STREET ADDRESS	5177 SW ANHINGA AVE	53 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 (Type the Phone #)

CR2E034 (3/96)