## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000044870 (1) **DOCUMENT #** 

AMEDICAN ELVING CLUB INC

	MAILE	ICAN FLYING CLOB INC.										
Prin	icipal Place	Mailing Address	Address				†	<b>4</b> 401 <b>48</b> 11) <b>48</b> 11	<b>                                   </b>	INI SOOM OOM INGS		
	520 NW 10 CORAL SPI	IST AVE. RINGS FL 33071	520 NW 101ST AVE. CORAL SPRINGS FL 33071									
								3. Date Incorporated or Qualified 06/13/1994	3a. Dat	e of Last Re 04/20/1	•	
2. 1	Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number		F	pplied For	
21			26							lot Applicable		
22	Suite, Apt. #	, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		· - · · -	Additional Required	
	City & State		City & State				6. Election Campaign Financing	<u></u>	\$5.00	May Be		
23			28					Trust Fund Contribution Added			to Fees	
	Zip	Country	Zip		Countr	ry		8. This corporation has liability for	-	ax under s	199.032,	
24		25 29 30						Florida Statutes No  10. Name and Address of New Registered Agent				
-	Name and Address of Current Registered Agent							10. Name and Address of New	Registered	Agent		
	BACHAR, YITZCHAK 520 NW 101ST AVE. CORAL SPRINGS FL 33071					2	Street Addres	ess (P.O. Box Number is Not Acceptable)				
						3					<del></del>	
					8		City		FL	<b>-</b>	Code	
11.	or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was authoriz	zed by	e above the cor	-na rpor	amed corporat ration's board	tion submits this statement for the pu of directors. I hereby accept the app	irpose of ch pointment a	nanging its re s registered	egistered office agent. I am	
SIG	NATURE _	Signature, typed or printed name of registered agent	and title if aprilicable (No	OTE: Rec	oistered Aa	ent s	signature required v	when reinstatrikui	DATE			
12.								ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	E	PS	DELETE		1 1 TITLE	Ē				☐ Change	Addition	
NAM	'E	BACHAR, YITZCHAK	12			E						
\$TRS	ET ADDRESS	DDRESS 520 NW 101ST AVE. 1.3:			1.3 STHE	ET A	DDRESS					
CITY	-ST-ZIP					- 51-	- ZIP					
TITL	E	VT	☐ DELETE	LETE 2 1 TI		F			**	Change	Addition	
NAM	ŧE.	MIROL, ORNA 22			2.2 NAME		MI	IRON ORNA				
STRE	EET ADDRESS	ESS 520 NW 101ST AVE. 23			2 3 STRE	ET A						

CORAL SPRINGS FL 33071 CITY-ST-ZIP 24 CITY - ST - ZIP ☐ Change DELETE Addition 3. 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY-S!-ZIP DELETE ☐ Change 4. 1 TITLE ■ Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6. 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY - ST-ZIP

14. Ido 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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

4/11/96 305-808-3695