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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010804 (8)

1. Corporation Name
C.A.V.U. HANGAR ASSOCIATION INC.



Principal Place of Business
141 CRANDON BLVD.
C/O JOSEPH F. NATOLI
KEY BISCAVNE FL 33149

Mailing Address
141 CRANDON BLVD.
C/O JOSEPH F. NATOLI
KEY BISCAVNE FL 33149-1571

3. Date Incorporated or Qualified 02/02/1996
3a. Date of Last Report

2. Principal Place of Business
21 310 SOUTH PARKWAY
Sute, Apt. #, etc.
22 c/o J. NATOLI
City & State
23 GOLDEN BEACH FL
Zip
24 33180
Country
25 USA

2a. Mailing Address
26 310 SOUTH PARKWAY
Sute, Apt. #, etc.
27 c/o J. NATOLI
City & State
28 GOLDEN BEACH FL
Zip
29 33180
Country
30 USA

4. FEI Number
Applied For
X Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
NATOLI, JOSEPH F
141 CRANDON BLVD.
APT. 235
KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent
81 Name NATOLI, JOSEPH F
82 Street Address (P.O. Box Number is Not Acceptable)
310 SOUTH PARKWAY
83
84 City GOLDEN BEACH FL
85 Zip Code 33180

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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE P
NAME NATOLI, JOSEPH F
STREET ADDRESS 141 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAVNE FL 33149
TITLE VS
NAME REED, JOHN
STREET ADDRESS 141 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAVNE FL 33149
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/22/97 305-365-0487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)