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

PROFIT **CORPORATION** ANNUAL REPORT

1996



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

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S20937

(6)

1. Corporation	N RIVER FLYING CLUB, II	NC.							
Principal Place	of Business	Mailing Address						TH BURN BARN BI	(8)) 6 (8)) 9)6)(1) 8)
P.O. BOX 1 PALM BAY US	00053 FL 32910-0053	P.O. BOX 100053 PALM BAY FL 329104 US	0053						
						3. Date Incorporated or Qualified 12/21/1990	3a. [Date of Last F 08/10/1	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. 4	# ato	26				65-0242129			Not Applicable
2016, Apr. 1	#, 6 10.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
City & State)	City & State				6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution		•	ed to Fees
Zip	Country	Zip	Cour	nlry		8. This corporation has liability for	intangib		······
24	25	29	30			Florida Statutes Yes			
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New R	egister	red Agent	
ADAMO	S, RICHARD B								
	W. ISAR AVE.			82	Street Addre	ss (P.O. Box Number is Not Acceptan	le)		
	BAY FL 32907		ŀ	83					
1 (144-77) 1	D. 1.7 1 C OLOO!		-	1					
				84	City		F	Fi 85 Z	Zip Code
SIGNATURE _	o the provisions of Sections 607.095, ed agent, or both, in the State of Fic- th, and accept the obligations of, Se:	ction 607.0505, Florida Statutes			imed corporal ration's board	tion submits this statement for the pur of directors. Thereby accept the appointment of the pure	rpose of ointmen		registered office d agent. I am
12.		ND DIFECTORS	13.	- Agronic O	og acceptance	ADDITIONS/CHANGES TO OFF			ORS IN 12
TITLE	P	™ DÉLETE	1 1 11	ILE.	P			Change	
NAME	HECKMAN, BOB		1.2 NA	ME	بُ []	FF LAMMERS			
STREET ADDRESS	1113 NORTH WATERWAY	DRIVE:	1.3 STI	REET AS		OI MAY LANE			
CITY-ST-Z:P	BAREFOOT BAY FL		1400	Y-ST-	ZIP MI	91ABAR FL 3295	0		
TITLE	A A A A A A A A A A A A A A A A A A A	⊠ DELETE	2 1 11	iL E	V			Change	Addition
NAME	BONCEK, JOHN		2 2 NA		14	M SCHAUB			
STREET ADDRESS	9050 SOUTH HWY 1 MICCO FL				DDRESS /C	17 LACOSTA #407		~~~	
CITY-ST-ZIP TITLE	T	[] DELETE		Y-ST-	ZIP ///C	LBOURNE BEACH, FO	·		ED Addition
NAME	WHALEN, BOB	[] סבכבוב	3 1 TI		T	BWHALEN		Change	Addition
STREET ADDRESS	318 WEST GEORGETOWN	AVE			ODRESS 311	8 NI GEORGE TOWN	AVE	Œ	
CITY-ST-7IP	MELBOURNE FL		34 CH			ELBOURNE FL 3			
TITLE	S	D DELETE	4 1 Tr		5	LEGOVENE FC 5		Change	Add-tion
NAME	LAMMERS, JEFF	•	4 2 NA	ME	PA	TTT SOBALA			_
STREET ADDRESS	3901 MAY LANE		4 3 51	REET AC	DORESS 16	51 JACOBIN ST	NW	,	
CITY-ST-ZIP	MALABAR FL		4.4 CH	Y-S1-	ZIP PA	LM BAY FL 3290"	7		
TITLE		DELETE	5 1 Tr	ILE				Change	Addition
NAME			52 NA	ME					
STREET ADDRESS			53 ST	REET AC	DDRESS				
CITY - ST - ZIP		E3 Actors	****	Y-S1-	ZIP				
TITLE		DELETE	6 1 TI					Change	Addition
NAME			62 NA						
STREET ADDRESS					DDRESS				
CITY-ST-2IP	L y certify that the information supplied	with this filing is voluntarily furni		Y-ST-		the exemption stated in Section 119	07/3\/\	Florida Stati	utes I further

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 logal 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.

GNATURE:

APRIL 25 1996 (407) 727-6718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Do, time Prome 4

SIGNATURE: Koha