

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90072 031 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000000502

1. Corporation Name
MIAMI AIRPORT SUMMERFIELD CORPORATION

Principal Place of Business	Mailing Address
8100 E. 22ND ST., NORTH BLDG 500 WICHITA KS 67226	8100 E. 22ND ST., NORTH BLDG 500 WICHITA KS 67226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1998	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 74-2855515		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUHFUS, ROLF E	1.2 NAME	
STREET ADDRESS	8100 E 22ND BLVD 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAAC, B A	2.2 NAME	
STREET ADDRESS	8100 E 22ND BLVD 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, ROY R	3.2 NAME	
STREET ADDRESS	8100 E 22ND BLVD 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN, DON R	4.2 NAME	
STREET ADDRESS	8100 E 22ND BLVD 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, JOHN R	5.2 NAME	
STREET ADDRESS	8100 E 22ND BLVD 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSSBURG, ROBERT E	6.2 NAME	
STREET ADDRESS	8100 E 22ND BLVD 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **Roy R. Baker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy R. Baker

4/26/99

Date

316-681-5107

Daytime Phone #

CR2E034 (1/98)