

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90053 019 ***158.75

DOCUMENT # V28655

1. Entity Name

FLL AIRPORT DEVELOPMENT CORP.



Principal Place of Business

615 SW 7TH AVE
FORT LAUDERDALE FL 33315
US

Mailing Address

615 SW 7TH AVE
FORT LAUDERDALE FL 33315
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0332927

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R.R. BEASON, JR.
615 SW 7TH AVE
FORT LAUDERDALE FL 33315

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	☐ Delete
NAME	BEASON, R. R. J	
STREET ADDRESS	615 SW 7TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	D	☒ Delete
NAME	SIMONS, JOSEPH A III	
STREET ADDRESS	4510 OAKLEY'S LANE	
CITY-ST-ZIP	RICHMOND VA 23231	
TITLE	DVPA	☐ Delete
NAME	BAHOOSH, BARBARA A.	
STREET ADDRESS	615 SW 7TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	S	☐ Delete
NAME	SMITH, LYNN	
STREET ADDRESS	555 E. GENESEE ST	
CITY-ST-ZIP	SYRACUSE NY 13202	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Bahoosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

954-763-6334

Date

Daytime Phone #