

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3900 GULF BLVD., SUITE 100
TALLAHASSEE, FLORIDA 32309

APPROVED
AND
FILED

95 MAY -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V30173** (1)

The Corporation's Name:

AERO-PORT INDUSTRIAL DEVELOPMENT CORP.

Principal Place of Business:

2050 EAST OAKLAND PARK BLVD.
#209
FT. LAUDERDALE FL 33306

Main Office Address:

2050 EAST OAKLAND PARK BLVD.
#209
FT. LAUDERDALE FL 33306

Do Not Write In This Space

3. Date Incorporated or Quasiest 04/15/1992	3a. Date of Last Report 05/01/1994
4. FIC Number 65-0334102	Approved For 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 other corporate taxes under the Florida Statutes ☐ Yes ☒ No	

2. Change of Name or Organization	2a. Mailing Address
21. State of Incorporation	26. State of Mailing
22. City or County	27. City or County
23. Zip	28. Zip
24. Name	29. Name
25. Address	30. Address

9. Name and Address of Current Registered Agent

**RICHMOND, HEATHER
2050 E. OAKLAND PARK BLVD.
#209
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of sections 600.01, 600.02, and 600.03, Florida Statutes, this above named corporation submits the statement for the corporation's liability for registered agent's fees and agent's fee for the State of Florida for the term of the corporation's board of directors. Thereby, accept the appointment as registered agent. I am hereby authorized to accept the appointment as registered agent for the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP

14. I, the undersigned, do hereby certify that the information required with this filing is voluntarily furnished and is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information provided in this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am hereby authorized to accept the appointment as registered agent for the corporation and to execute this report as required by the Florida Statutes, and that my name appears on this report as the registered agent for the corporation with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICE IN ON OUR CITY

00

Heather Richmond **H. RICHMOND**

4/28/95 505/561-0900