

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720716 (0)
1. Corporation Name
FLORIDA AIRPORT MANAGER'S ASSOCIATION, INC.

Principal Place of Business

108 EAST JEFFERSON
P.O. BOX 929
TALLAHASSEE FL 32302-0929

Mailing Address

108 EAST JEFFERSON
P.O. BOX 929
TALLAHASSEE FL 32302-0929



3. Date Incorporated or Qualified
04/15/1971

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-2464844

Applied 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 intangible tax under s. 199.000,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

COULTER, WILLIAM P
108 EAST JEFFERSON
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE EVD
NAME COULTER, WM P
STREET ADDRESS 108 E JEFFERSON ST., STE A
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE PD
NAME PELLY, BRUCE
STREET ADDRESS BLDG 846 - PALM BCH INT'L AIRPORT
CITY-ST-ZIP W PALM BCH FL

TITLE VD
NAME SHEA, TIM
STREET ADDRESS 301 NO DYER BLVD, STE 101
CITY-ST-ZIP KISSIMMEE FL

TITLE PPD
NAME JOHNSON, JAMES E
STREET ADDRESS 5401 W. SPRUCE ST.
CITY-ST-ZIP TAMPA FL

TITLE STD
NAME MILLER, FRANK A
STREET ADDRESS PENSACOLA REGIONAL AIRPORT
CITY-ST-ZIP PENSACOLA FL

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 submitted 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 legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

2/16/96 (504) 24-2564

CR2E037 (12/95)