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PROFIT CORPORATION ANNUAL REPORT



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

	1996	CONT.								
DOCUN 1. Corporation	Name	F88997	(4)							
CROSS	CITY AIRPOR	T INC.				1 (80)(40 110) (40)8) 101	18 18 18 18 18 18 18 18 18 18 18 18 18 1	1861 BIBN B	Cal Bigli Cibil	BIAN AIBH IABI
Principal Place	of Business		Mailing Address				AN THEFT PARTY			01011 81011 1901
US 19 S. CR	OSS CITY		US 19 S. CROSS CIT	Y						
P.O. BOX 110 CROSS CITY			P.O. BOX 1109 CROSS CITY FL 3262	٥						
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2. Principal Pla	an of Rusinoss		a. Mailing Address			06/30/1982 4. FEI Number		1	7/20/19	Applied For
1	Ge of Dosiness	26	n ĭ			59-2202737				Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			5. Certificate of Status De	esired			Additional
2		27								Required
City & State		28	City & State			 Election Campaign Fin Trust Fund Contributio 				May Be
Zip	Cour		Zip	Cou	intry	This corporation has to		ntangible t		
4	25	29	– 1	30		Florida Statutes	Yes Yes	□ No		·
	9. Name and Add	iress of Current Reg	stered Agent			10. Name and Address	of New R	egistered	Agent	
	4				81 Name					
rapa, k Us 19	AHLIS A			:	82 Street Add	dress (P.O. Box Number is Not	Acceptab	(e)		
	CITY FL 32628				83					
ONOGO	011111 02020								II -	
									85 Zy	o Code
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14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not duality for the exemption stated in Section 119.07(s)k, Florida Statutes. 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 address.

SIGNATURE;

IGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-19-96 352-498-3077