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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

•	1999 DIVISION OF CORPORATIONS			03-16-1999 90069 040 ***150.00				
DOCUI 1. Corporation	MENT # F92							
SOUTHERN AIRPARKS, INC.						4 (05)(05 (1)(5 (1)(6)(0)0 (0)(6)	nen man dadil denih didel deni) B1811 G(B)(188)
Principal Place	e of Business	Mailir	ng Address				iiri mimi mihii mimii 3:0:1 mimii	
7499 PEMBROKE RD. 7081 TAFT ST.								
HOLLYWOOD F	L 33023	#189	#189 HOLLYWOOD FL 33024 US			DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed		
		-				08/02/1982		
2. Principal Pl	lace of Business	2a. M	2a. Mailing Address			4. FEI Number	Δ	Applied For
			26			36-3218565		lot Applicable
Suite, Apt.	#, etc.	├	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
22			City & State			A El al Companyon Financian		
City & State	e	28	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zi	р	Counti	у	8. This corporation owes the cur	rent year Intangible	
24	25 29 30			30	Personal Property Tax.			
	9. Name and Address	of Current Register	ed Agent		.1	10. Name and Address of New	Registered Agent	
RITI	ED ALICE II			8	1 Name			
BUTLER, ALICE U. 7081 TAFT ST.					2 Street Add	dress (P.O. Box Number is Not Accept	able)	
4400					3	·		
HOLLYWOOD FL 33024					<u> </u>			
					4 City		FL I	Code
11. Pursuant office or re agent. La	to the provisions of Section egistered agent, or both, in m familiar with, and accept	ns 607,0502 and 607, the State of Florida, the obligations of, Se	1508, Florida Statute Such change was a ection 607.0505, Flor	es, the abouthorized brida Statute	ve-named cor y the corporat ss.	poration submits this statement for the ion's board of directors. I hereby acce	purpose of changing it pt the appointment as r	s registered egistered
SIGNATURE							DATE	
12.	Signature, typed or printed name of	registered agent and title if ap ICERS AND DIRECT		13.	ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OF		ORS IN 12
TITLE	PSD	102110 1111 211121	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	BUTLER, ALICE U.			1.2 NAME				
STREET ADDRESS	7081 TAFT ST., #189			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			14 CITY-	ST-ZIP			
TITLE	VPD		☐ DELETE	2.1 TITLE	l	•	Change	Addition
NAME	CLARK, DAVID A.			2.2 NAME				
STREET ADDRESS	180 SW 125TH AVE. PLANTATION FL				ET ADDRESS			ĺ
CITY-ST-ZIP TITLE	PLANIA II ON FL		☐ DELETE	2.4 CITY 3.1 TITLE		<u> </u>	☐ Change	Addition
NAME				32 NAME			,	ļ
STREET ADDRESS					ET ADDRESS		*	
CITY-ST-ZIP				3.4. CITY	-ST-ZiP			
TITLE			☐ DELETE	4.1 TITLE			☐ Change	e □ Addition
NAME				4.2 NAM	Ε			ſ
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				4.4 CITY-			Change	e
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME	I		, change	
NAME STREET ADDRESS					ET ADDRESS			ł
CITY-ST-ZIP				5.4 CITY				ļ
TITLE		<u> </u>	☐ DELETE	6.1 TITLE		······································	☐ Change	Addition
NAME				6.2 NAME	·			}
STREET ADDRESS				6.3 STRE	ET ADDRESS			

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 pr on an attachment with an address, with all other like empowered.

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SIGNATURE:

STREET ADDRESS