

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **H52936** (2)

1. Corporation Name

**AIRPORT INDUSTRIAL PARK AT ORLANDO, INC.**



Principal Place of Business

Mailing Address

**200 E. ROBINSON ST., STE. 920  
ORLANDO FL 32801**

**200 E. ROBINSON ST., STE. 920  
ORLANDO FL 32801**

3. Date Incorporated or Qualified  
**04/18/1985**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

21 **255 South Orange Avenue**

2a. Mailing Address

26 **255 South Orange Avenue**

4. FEI Number  
**59-3014692**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**Suite 1220**

27 Suite, Apt. #, etc.  
**Suite 1220**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**Orlando, Florida**

28 City & State  
**Orlando, Florida**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip  
**32801**

25 Country  
**USA**

29 Zip  
**32801**

30 Country  
**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBB, DANIEL B.  
200 E. ROBINSON STREET  
SUITE 920  
ORLANDO FL 32801-8960**

81 Name  
**S. Paul Sabga**

82 Street Address (P.O. Box Number is Not Acceptable)  
**255 South Orange Avenue**

83 **Suite 1220**

84 City  
**Orlando**

85 FL Zip Code  
**32801**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*S. Paul Sabga - PRES.*

(NOTE: Registered Agent Signature required when reinstating)

*2/20/96*

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PDS	WEBB, DANIEL B.	200 E. ROBINSON ST, #920	ORLANDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PDS	S. Paul Sabga	255 South Orange Avenue, Suite 1220	Orlando, FL 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	Joseph A. Sabga	7280 W. Palmetto Park Road, Suite 306N	Boca Raton, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Emile Sabga	7280 W. Palmetto Park Road, Suite 306N	Boca Raton, FL 33433	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	Floyd Whiddon	255 South Orange Avenue, Suite 1220	Orlando, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied 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 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph A. Sabga*  
**Joseph A. Sabga, Treasurer**

01/26/96

(407)392-2777

Date

Daytime Phone #

*AS 3-20-96*

CR2E034 (12/95)