

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90055 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H52936

1. Corporation Name
AIRPORT INDUSTRIAL PARK AT ORLANDO, INC.

Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 1220 ORLANDO FL 32801	Mailing Address 255 SOUTH ORANGE AVENUE SUITE 1220 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1985	
21	22	26	27	4. FEI Number 59-3014692	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25	25	30	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SABGA, S. PAUL 255 SOUTH ORANGE AVENUE SUITE 1220 ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SABGA, S. PAUL		1.2 NAME		
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 1220		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABGA, JOSEPH A		2.2 NAME		
STREET ADDRESS	7280 W. PALMETTO PARK ROAD, SUITE 360N		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SABGA, EMILE		3.2 NAME		
STREET ADDRESS	7280 W. PALMETTO PARK ROAD, SUITE 360N		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		3.4 CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHIDDON, FLOYD		4.2 NAME	Sabga, Peter	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 1220		4.3 STREET ADDRESS	7280 W. Palmetto Park Rd., #360N	
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Paul Sabga S. Paul Sabga 02/10/99 407-649-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)