

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90191 010 \*\*\*150.00

<b>DOCUMENT # H52936</b> 1. Entity Name <b>AIRPORT INDUSTRIAL PARK AT ORLANDO, INC.</b>					
Principal Place of Business <b>255 SOUTH ORANGE AVENUE SUITE 720 ORLANDO, FL 32801</b>			Mailing Address <b>255 SOUTH ORANGE AVENUE SUITE 720 ORLANDO, FL 32801</b>		
2. Principal Place of Business <b>255 S. Orange Avenue</b>		3. Mailing Address <b>255 S. Orange Avenue</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">24070541</div> <div style="display: flex; justify-content: space-around; font-size: 10px;"> <span>04212004</span> <span>Chg-P</span> <span>CR2E034 (10/03)</span> </div>	
Suite, Apt. #, etc. <b>Suite 1500</b>		Suite, Apt. #, etc. <b>Suite 1500</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32801</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>		
4. FEI Number <b>59-3014692</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SABGA, S. PAUL 255 SOUTH ORANGE AVENUE STE 720 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>255 S. Orange Avenue</b> <b>Suite 1500</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDS SABGA, S. PAUL 255 S. ORANGE AVE., SUITE 720 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>255 S. Orange Avenue, Suite 1500</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD SABGA, JOSEPH A 7280 W. PALMETTO PARK ROAD, SUITE 360N BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SABGA, EMILE 7280 W. PALMETTO PARK ROAD, SUITE 360N BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SABGA, PETER 7280 W PALMETTO PARK RD #360 N BOCA RATON, FL 33433</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7280 W. Palmetto Park Road, Suite 306</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>Joseph Sabga</b> <b>04/27/2004</b> <b>(407)649-1200</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					