

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H92477 (9)

1. Corporation Name

DOWNTOWN HELIPORT CORPORATION, INC.

Principal Place of Business

9589 BENFORD ROAD  
P.O. BOX 621148  
ORLANDO FL 32827-5321

Mailing Address

9589 BENFORD ROAD  
P.O. BOX 621148  
ORLANDO FL 32827-5321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 GARLAND & LIVINGSTON		26 9518 99 BOX		12/30/1985	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 ORLANDO FL		28 LAKE MARY FL		59-2544627	
24 32804		25 ORANGE		5. Certificate of Status Desired	
29 32795		30 SEM.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Applied For	
SCOTT JOHNSON		81 Name		Not Applicable	
MAGUIRE, VOORHIS & WELLS		82 Street Address (P.O. Box Number is Not Acceptable)		5. \$8.75 Additional Fee Required	
TWO SOUTH ORANGE AVE		83		6. Election Campaign Financing Trust Fund Contribution	
ORLANDO FL 32802		84 City		8. \$5.00 May Be Added to Fees	
		85 Zip Code		9. Yes No	

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	PD	1.1 TITLE	
NAME	UTTAL, ROBERT R.	1.2 NAME	
STREET ADDRESS	1757 S ATLANTIC BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	UTTAL, MURIEL K.	2.2 NAME	
STREET ADDRESS	1757 S. ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 by attachment with an address.

SIGNATURE \_\_\_\_\_ 4-28-98

CR2E034 (10/97)