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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **M56031** **(1)**

1. Corporation Name
AIRPORT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
225 E. ROBINSON STREET STE 650 ORLANDO FL 32801 US	225 E. ROBINSON STREET STE 650 ORLANDO FL 32801-4326 US

3. Date Incorporated or Qualified: 07/23/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6751 Forum Drive
Suite, Apt. #, etc
22 Suite 240
City & State
23 Orlando, FL
Zip 24 32821 Country 25 USA

2a. Mailing Address
26 6751 Forum Drive
Suite, Apt. #, etc
27 Suite 240
City & State
28 Orlando, FL
Zip 29 32821 Country 30 USA

4. FEI Number: 65-0022443 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HILLMAN-WALLER, LOUIS M., ESQ.
901 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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
Signature required that the name of the registered agent and the title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.0 TITLE	PSD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HILLMAN-WALLER, EDUARDO	1.2 NAME	
STREET ADDRESS	15280 N.W. 79TH CT. #105	1.3 STREET ADDRESS	7270 N.W. 12th St., Ste. 875
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	VTD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BIRK, RONALD F.	2.2 NAME	
STREET ADDRESS	15280 N.W. 79TH CT. #105	2.3 STREET ADDRESS	6751 Forum Dr., Ste. 875
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	Orlando, FL 32821
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I DO 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.

SIGNATURE: [signature] Ronald F. Birk 3-17-97 407-370-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #