2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000012032

1. Entity Name
AIRPORT 595 BUSINESS CENTER ASSOCIATION, INC.



APPRUYEL AND FILED

06 AUG -7 PH 4: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing
777 SOUTH FEDERAL HWY	<i>177</i> S
FORT LAUDERDALE, FL 33316	FORT

Address OUTH FEDERAL HWY

FORT LAUDE			FORT LAUDERDALE, FL		i						•
											IIII EI IEEI
2. Principal P	lace of Busin	ess	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			:-	07182006 _C	hg-NP	CR2E0	37 (4/06)	
· City & Stat	е		City & State				4. FEI Number . 51-05321	10			oplied For
Zip		Country	Zip	Cou	intry					No. 88.75 Add	ot Applicable
- -		, , , , , , , , , , , , , , , , , , ,					5. Certificate of S	tatus Desired	1 1	Fee Require	
	6. Name	and Address of Current R	egistered Agent		NI		7. Name and Ad	dress of New R	egistered A	\gent	
L EONARD, MICKIE- ED H.) HA	AYES, PRES	IDENT		-				
		WE, #19			Street Addre	ress (F	P.O. Box Number is	Not Acceptable)		
+OH-LA	3311 S. ANDREWS AVE. UNITS (9,10,11)					`					
					Citv				112 (9	Zip Cod	
0 Th							LAUDERDALI		FL	3331	6
the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or reg	gistere	ed agent, or both, ir	the State of Flo	rida. I am fa	amiliar with,	and accept
		01 . 11	n Har					1 1			
SIGNATURE		Elisterd C	· / Vegg					July 1	7, 6	200C	
	Signature, typed	or printed name of registered agent an	d title il applicable. (NOTE	: Registered	d Agent signature re	eauired	when reinstating)		DATE		
	Ámended	AR is \$61.25	9. Election Cam Trust Fund C				\$5.00 May Be Added to Fees			payable t	
10.		OFFICERS AND DIRE	ECTORS	11.		Α	ADDITIONS/CHANG	SES TO OFFICER	S AND DIE	RECTORS IN	1 10
TITLE	P		X Delete	TITLE					1071110 0111	[X] Change	Addition
NAME		D, MICKIE		NAM	• I .		HAYES - PR		10 1	1	_
STREET ADDRESS		NDREWS AVE, #19.					l S ANDREW T LAUDERDA			1	
CITY-ST-ZIP	VPI-	IDERDALE FL. 33316	(27)	-		FOR	I LAUDERDA	LL, FL J.	7710	37	
TITLE NAME		HY GARY	🔀 Delete	TITLE		TIM	SHEA			K Change	Addition
STREET ADDRESS		IDREWS AVE. #10			ET ADDRESS 1		E PRESIDEN				
CITY-ST-ZIP	FORTLA	UDERDALE EL 33316.		CITY	- ST- ZIP	332	1 S. ANDRE	WS AVE. A	28 FT.	. LAUDEF	RDALE
TITLE	9		🔀 Delete	TITLE		MAN	UEL VIEIRA	, VICE P	RED II	X Change	☐ Addition
NAME	SHEA, TH	_	•	NAM	E) 1 S. ANDRE				
STREET ADDRESS CITY-ST-ZIP		NDREWS AVE, #28 LIDERDALE EL 33316			ET AUDRESS - ST- ZIP	FOR	RT LAUDERDA	LE 33316		•	
TITLE			X Delete	TITLE		MIC	CKIE LEONAR	·D		⊠ Change	☐ Addition
NAME	MULLEN,	MICHAEL		NAM	-		RETARY	ω)			
STREET ADDRESS		NDREWS AVE #24			ET ADDRESS). BOX 2525	. FT 1.411	DERDALI	E 3330	2
CITY-ST-ZIP		UDERDALE FL 33316	3.4	_				, 11.1410			
TITLE NAME	HAYS EE	NAME OF THE OWNER O	🔀 Delete	TITLE			JENKINS,		R	X Change	☐ Addition
STREET ADDRESS		NDREWS AVE #0.10.1	1.	NAMI STRE	ET ADDDECC		3 S.E. 12T				
CITY-ST-ZIP		HDERDALE EL 33376			-ST-ZIP	FOR	T LAUDERDA	LE 33316			
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME				NAM			500	0786	2613	35	
STREET ADDRESS					ET ADDRESS			01030		#61.25	
CITY-ST-ZIP				■ CITV	-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.

SIGNATURE:	S	IG	N	A	Tι	JF	₹E:
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Elevard SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC Daytime Phone #