FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N21615

1. Corporation Name

(2)

EXECUTIVE AIRPORT CORPORATE CENTER, INC.

Principal Place of Business Mailing Address					INTO DESCRIBITOR DI DIA STERNI SEGUE DI DATE LES DE
% HOLLAND BUILDERS. INC.					
				3. Date Incorporated or Qualified 07/17/1987	3a. Date of Last Report 06/20/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0034657	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
23	····	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	Yes No
	<u> </u>	an riogistored Agent	81 Name	TO. Name and Address of New He	Jistered Agent
HOLLAN	D BUILDERS, INC.		00 81 74 7	(DO D- N	
4860 N.E. 12TH AVE. 82 Street Addr. ss (F				In ss (P.O. Box Number is Not Acceptable	1
FT. LAUDERDALE FL 33334			83		
			B4 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 617 050	12 and 617 1508. Florida Statutos	the above paged corne	ration submits this statement for the purpo	
or register	ed agent, or both, in the State of Flor th, and accept the obligations of Sec	nua. Such change was anthorized	by the corporation's boa	ration submits this statement for the purpoint of directors. Thereby accept the appoint	ase of changing its registered office introduced threat as registered agent. I am
SIGNATURE	art, and accept the obligations of, sec	alon 617,0503, Florida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE	: Registered Agent signature require	ec when reinstating]	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	VD Preston, Diana	□DELETÉ	1.1 TITLE		Change Addition
NAME STREET ADDRESS	4860 N.E. 12TH AVE.		1.2 NAME		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.3 STREET ADDRESS		
TIFLE	PD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, POLLY		22 NAME		El onargo El ridation
STREET ADDRESS	4860 N.E. 12TH AVE.		2 3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2 4 CITY-ST-ZIP		
TITLE NAME	STD SCHMATZ, JOHN	DELETE	3.1 TITLE		Change Addition
STREET ADDRESS	4860 N.E. 12TH AVE.		3.2 NAME		
CHTY-ST-ZIP	FT. LAUDERDALE FL		3 3 STREET ADDRESS 3.4. CITY - S1 - 2IP		
TITLE	3)	DELETE	4.1 TITLE		Change Addition
NAME	HOLLAND, GERALD M		4. 2 NAME		
STREET ADDRESS	4860 NE 12TH AVENUE		4.3 STREET ADDRESS		
CHY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - ST - ZIP		
TITLE NAME		DELETE	5 1 TITLE		Change Addition
STREET ADDRESS			5 2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and if the state in f	CALL ALL CONTROL OF THE CONTROL OF T	6.4 CITY - ST - ZIP		
certify that oath; that lappears in	y cermy that the information scholled the information indicated or this ann am an officer or director of the corp. Block 12 or Block 13 if changed or	with this filing is voluntarily furnish ual report or subplemental annual bration or the pectiver or trustee ϵ on an attachment with an addres	ned and does not qualify for I report is true and accurate empowered to execute this s	or the exemption stated in Section 119.07 Ite and that my signature shall have the sa s report as required by Chapter 617, Floric	(3)(k), Florida Statutes. I further me legal effect as if made under da Statutes; and that my name

SIGNATURE:

SIGNATURE AND THEO OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

2/29/96 954-771-2210