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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N29282** **(3)**

1. Corporation Name

AIRPORT MINORITY ADVISORY COUNCIL CORP.

Principal Place of Business	Mailing Address
1800 DIAGONAL ROAD SUITE 210 ALEXANDRIA VA 22314 US	1800 DIAGONAL ROAD SUITE 210 ALEXANDRIA VA 22314 US

3. Date Incorporated or Qualified: 11/15/1988

4. FEI Number: 62-1398266 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EMPIRE CORPORATE KIT COMPANY 348 WEST FLAGLER STREET MIAMI FL 33130	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	2VCD	☐ Change ☒ Addition
NAME	WEST, NANCY K		1.2 NAME	SHARPE, CLARK D.	
STREET ADDRESS	44 CANAL CENTER PLAZA, SUITE 202		1.3 STREET ADDRESS	6600 ROCKLEDGE DRIVE	
CITY-ST-ZIP	ALEXANDRIA VA 22314		1.4 CITY-ST-ZIP	BETHESDA, MD 20817	
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BELLANT, ANITA		2.2 NAME	MCMICHAEL, JERRY	
STREET ADDRESS	6040 28TH AVENUE SOUTH		2.3 STREET ADDRESS	2491 WINCHESTER ROAD	
CITY-ST-ZIP	MINNEAPOLIS MN 55450		2.4 CITY-ST-ZIP	MEMPHIS TN 38186	
TITLE	2VCD	☒ DELETE	3.1 TITLE	1VCD	☒ Change ☐ Addition
NAME	SHELDON, ELIZABETH		3.2 NAME	VALTEAU, PAUL	
STREET ADDRESS	P.O. BOX 3565 (N/A)		3.3 STREET ADDRESS	108 ROYAL STREET	
CITY-ST-ZIP	MONTGOMERY AL 36109		3.4 CITY-ST-ZIP	NEW ORLEANS LA 70130	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCMICHAEL, JERRY		4.2 NAME		
STREET ADDRESS	2491 WINCHESTER ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		4.4 CITY-ST-ZIP		
TITLE	1VCD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHELDON, ELIZABETH		5.2 NAME		
STREET ADDRESS	P O BOX 3565 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL 36109		5.4 CITY-ST-ZIP		
TITLE	2VCD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VALTEAU, PAUL		6.2 NAME		
STREET ADDRESS	108 ROYAL STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70130		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry McMichael JERRY McMICHAEL 1/22/98 901-922-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077447