

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39562 (6)

1. Corporation Name

AIRPORT INDUSTRIAL PARK AUTHORITY, INC.



Principal Place of Business

Mailing Address

200 E ROBINSON STREET
SUITE 920
ORLANDO FL 32801

200 E ROBINSON STREET
SUITE 920
ORLANDO FL 32801

3. Date Incorporated or Qualified
08/15/1990

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 255 South Orange Avenue

26 255 South Orange Avenue

4. FEI Number
59-3030267

Applied For
Not Applicable

22 Suite 1220

27 Suite 1220

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

23 Orlando, Florida

28 Orlando, Florida

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

24 32801

25 U.S.A.

29 32801

30 U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, DANIEL B.
200 E ROBINSON STREET
SUITE 920
ORLANDO FL 32801

81 Name **S. Paul Sabga**
82 Street Address (P.O. Box Number is Not Acceptable)
255 South Orange Avenue
83 **Suite 1220**
84 City **Orlando** **FL** 85 Zip Code **32801**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *S. Paul Sabga* **S. Paul Sabga, DPS**

DATE **02/29/96**

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SABGA, EMILE 3801 N UNIVERSITY DR SUNRISE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WEBB, DANIEL B. 200 E ROBINSON ST. ORLANDO FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WEBB, WILLIAM C., JR. 1300 NW 167TH ST. MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S. Paul Sabga 255 South Orange Avenue, Suite 1220 Orlando, FL 32801
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Floyd Whiddon 255 South Orange Avenue, Suite 1220 Orlando, FL 32801
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DT, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph A. Sabga 7280 W. Palmetto Park Road, Suite 306N Boca Raton, FL 33433
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	700001740817 -03/13/96--01023--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition ***61.25
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph A. Sabga* **Joseph A. Sabga**

DATE **01/26/96**

PHONE **(407) 392-2777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY-TIME PHONE #

CR2E037 (12/95)

Handwritten signature and date
3-11-96