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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39562

1. Corporation Name
AIRPORT INDUSTRIAL PARK AUTHORITY, INC.

Principal Place of Business	Mailing Address
255 SOUTH ORANGE AVENUE SUITE 1220 ORLANDO FL 32801	255 SOUTH ORANGE AVENUE SUITE 1220 ORLANDO FL 32801



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/15/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3030267
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required.
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	29	\$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SABGA, S. PAUL 255 SOUTH ORANGE AVENUE SUITE 1220 ORLANDO FL 32801	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	DST <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABGA, S. PAUL	1.2 NAME	
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 1220	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHIDDON, FLOYD	2.2 NAME	Hicks, Celia
STREET ADDRESS	255 SOUTH ORANGE AVENUE, 1220	2.3 STREET ADDRESS	255 South Orange Avenue, #1220
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABGA, JOSEPH A	3.2 NAME	
STREET ADDRESS	7280 W. PALMETTO PARK ROAD, SUITE 306N	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *S. Paul Sabga* **REQUIRED** Paul Sabga 2/23/99 407-649-1200
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)