
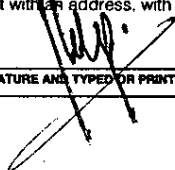


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90714 013 ****61.25

DOCUMENT # N39562					
1. Entity Name AIRPORT INDUSTRIAL PARK AUTHORITY, INC.					
Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 720 ORLANDO, FL 32801			Mailing Address 255 SOUTH ORANGE AVENUE SUITE 720 ORLANDO, FL 32801		
2. Principal Place of Business 255 S. Orange Avenue		3. Mailing Address 255 S. Orange Avenue			
Suite, Apt. #, etc. Suite 1500		Suite, Apt. #, etc. Suite 1500			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 59-3030267	
Zip 32801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SABGA, S. PAUL 255 SOUTH ORANGE AVENUE SUITE 720 ORLANDO, FL 32801			Name		
			Street Address (P.O. Box Number is Not Acceptable) 255 S. Orange Avenue		
			Suite 1500		
			City Boca Raton		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABGA, S. PAUL			NAME	
STREET ADDRESS	255 S ORANGE AVENUE, SUITE 720			STREET ADDRESS	255 S. Orange Avenue, Suite 1500
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, CELIA			NAME	
STREET ADDRESS	255 S ORANGE AVENUE, SUITE 720			STREET ADDRESS	255 S. Orange Avenue, Suite 1500
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABGA, JOSEPH A			NAME	
STREET ADDRESS	7280 W. PALMETTO PARK ROAD, SUITE 306N			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 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: 		Joseph Sabga		04/27/2004 (407)649-1200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

94079538



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