

FILE NOW: FILING FEE IS \$61.25

3081

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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001244 (2)**  
1. Corporation Name

**CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC.**

Principal Place of Business <b>1803 S 25 ST FT PIERCE FL 34947</b>	Mailing Address <b>POB 2757 FT PIERCE FL 34954-2757</b>
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3. Date Incorporated or Qualified <b>03/04/1994</b>	4. FEI Number <b>59-3231002</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**MINTON, MICHAEL D  
1903 S 25 ST  
FT PIERCE FL 34947**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D ROWLEY, JANE E</b>
STREET ADDRESS	<b>1407 S.E. VILLAGE GREE DRIVE</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34952</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>M ADGER, MORRIS</b>
STREET ADDRESS	<b>2300 VIRGINIA AVE</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SMITH, VERNON</b>
STREET ADDRESS	<b>2211 OKEECHOBEE RD</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D HEGENER, PAUL J</b>
STREET ADDRESS	<b>590 NW PEACOCK BLVD SUITE 3</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34986</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CRAHAN, JACK</b>
STREET ADDRESS	<b>2000 SE PORT ST. LUCIE BLVD.</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34952</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D GIBBONS, JAMES J</b>
STREET ADDRESS	<b>1212 S. 13TH STREET</b>
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D CULPEPPER, JUDY</b>
1.3 STREET ADDRESS	<b>1812 HAZELWOOD DRIVE</b>
1.4 CITY-ST-ZIP	<b>FORT PIERCE, FL. 34982</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>M COX, MATTHEW</b>
2.3 STREET ADDRESS	<b>2300 VIRGINIA AVENUE</b>
2.4 CITY-ST-ZIP	<b>FORT PIERCE, FL. 34982</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>C HEGENER, PAUL J</b>
4.3 STREET ADDRESS	<b>590 NW PEACOCK BLVD., SUITE 3</b>
4.4 CITY-ST-ZIP	<b>PORT ST. LUCIE, FL. 34986</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D BECKETT, DEWITT</b>
6.3 STREET ADDRESS	<b>c/o MICO AIRCRAFT CO., 3100</b>
6.4 CITY-ST-ZIP	<b>AIRMANS DRIVE, FT. PIERCE, FL. 34946</b>

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: Matthew S. Cox **MATTHEW S. COX** 30 Jan 1998 561-462-1996

CR2E037 (10/97)