

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90029 018 ****61.25

DOCUMENT # N94000001244

1. Corporation Name

CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC.

Principal Place of Business

Mailing Address

1903 S 25 ST
FT PIERCE FL 34947

POB 2757
FT PIERCE FL 34954-2757



2. Principal Place of Business

21 2300 Virginia Ave

Suite, Apt. #, etc.

22

City & State

23 Ft. Pierce, Florida

Zip

24 34982

Country

25 USA

2a. Mailing Address

26 2300 Virginia Ave

Suite, Apt. #, etc.

27

City & State

28 Ft. Pierce, Florida

Zip

29 34982

Country

30 USA

3. Date Incorporated or Qualified

03/04/1994

4. FEI Number

59-3231002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Daniel McIntyre

82 Street Address (P.O. Box Number is Not Acceptable)

83 2300 Virginia Ave

84 City

Ft. Pierce

FL

85 Zip Code

34982

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
CULPEPPER, JUDY
STREET ADDRESS 1812 HAZELWOOD DRIVE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☒ DELETE

NAME M
COX, MATTHEW
STREET ADDRESS 2300 VIRGINIA AVE
CITY-ST-ZIP FT PIERCE FL 34982

TITLE ☐ DELETE

NAME D
SMITH, VERNON
STREET ADDRESS 2211 OKEECHOBEE RD
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ DELETE

NAME C
HEGENER, PAUL J
STREET ADDRESS 590 NW PEACOCK BLVD SUITE 3
CITY-ST-ZIP PORT ST LUCIE FL 34986

TITLE ☐ DELETE

NAME D
CRAHAN, JACK
STREET ADDRESS 2000 SE PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME D
BECKETT, DEWITT
STREET ADDRESS C/O MICO AIRCRAFT CO., 3100 AIRMANS DR
CITY-ST-ZIP FORT PIERCE FL 34946

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 561-340-3500

Date

Daytime Phone #

CR2E037 (11/98)

0074526