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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004249 (8)**

1. Corporation Name

AIRPORTS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301**

**108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301-1540**

3. Date Incorporated or Qualified
08/30/1994

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COULTER, WILLIAM P
108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 21, 1997

12. OFFICERS AND DIRECTORS

TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	PELLEY, BRUCE	
STREET ADDRESS	BLDG 848 PALM BEACH INT'L AIRPORT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEA, TIM	
STREET ADDRESS	301 NO DYER BLVD SUITE 101	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLER, FRANK	
STREET ADDRESS	2430 AIRPORT BLVD SUITE 225	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	COULTER, WILLIAM P	
STREET ADDRESS	P.O. BOX 929	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOWLING, FAYE	
STREET ADDRESS	150 NORTH ALACHUA STREET	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHEA, TIM	
1.3 STREET ADDRESS	301 N. DYER BLVD. - SUITE 101	
1.4 CITY-ST-ZIP	KISSIMMEE, FL 34741-4613	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, FRANK R.	
2.3 STREET ADDRESS	2430 AIRPORT BLVD. - SUITE 225	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOWLING, FAYE H.	
3.3 STREET ADDRESS	150 NORTH ALACHUA STREET	
3.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
4.1 TITLE	EVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COULTER, WILLIAM P.	
4.3 STREET ADDRESS	108 EAST JEFFERSON ST. - SUITE A	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
5.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PICCOLO, FREDRICK J.	
5.3 STREET ADDRESS	6000 AIRPORT CIRCLE	
5.4 CITY-ST-ZIP	SARASOTA, FL 34243	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007231

CR2E037 (9/96)