2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

والمراجع والمحاج

Jan 23, 2004 8:00 am Secretary of State DOCUMENT # N96000005856 01-23-2004 90042 011 ****70.00 AIRPORT SERVICE CENTER OWNERS' ASSOCIATION. Principal Place of Business Mailing Address 4137 30TH AVENUE N. 4137 30TH AVENUE N. ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Cha-NP CR2E037 (10/03) 4. FEI Number 59-3429296 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent---ROSENBERG, DONALD S Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVENUE STE 3050 MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Delete Addition TITLE TITLE DONALD 5 ROSENBEIRG ROSENBURG, DONALD NAME 1 S.E. 3RD AVENUE, SUITE 3050 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP **PSD** Delete TITLE ☐ Change ☐ Addition TITLE AMOROSO, ROXANNE NAME 4137 30TH AVENUE N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33713 CITY-ST- ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE BRADNICK, KEITH ----5401 HANGAR COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 149.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and adort ate 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 deceiver of this report is true and adort ate and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED