

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

1-2

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P17324 (5)**

1. Corporation Name

**BASS MIAMI INTERNATIONAL AIRPORT, INC.**



Principal Place of Business

**THREE RAVINIA DR #2000  
ATLANTA GA 30346-9149**

Mailing Address

**THREE RAVINIA DR #2000  
ATLANTA GA 30346-9149**

2. Principal Place of Business

2a. Mailing Address

21 **THREE RAVENIA DR. # 2900**

26 **THREE RAVENIA DR. # 2900**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **C/O CORPORATE TAX**

27 **C/O CORPORATE TAX**

City & State

City & State

23 **ATLANTA, GA.**

28 **ATLANTA, GA.**

Zip

Country

Zip

Country

24 **30346-2149**

25

29 **30346-2149**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/21/1987**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**58-1758338**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No **WE HAVE FILED,**

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and then applicable)

Typed Agent signature (typed name and state)

DATE

12. OFFICERS AND DIRECTORS

|                |                                 |                                            |
|----------------|---------------------------------|--------------------------------------------|
| TITLE          | VP                              | <input type="checkbox"/> DELETE            |
| NAME           | <b>BRETTSCHNEIDER, THOMAS H</b> |                                            |
| STREET ADDRESS | <b>THREE RAVINIA DR #2000</b>   |                                            |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>               |                                            |
| TITLE          | PD                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HUNT, CRAIG H.</b>           |                                            |
| STREET ADDRESS | <b>THREE RAVINIA DR #2000</b>   |                                            |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>               |                                            |
| TITLE          | EVD                             | <input type="checkbox"/> DELETE            |
| NAME           | <b>STALEY, GRAHAM D</b>         |                                            |
| STREET ADDRESS | <b>THREE RAVINIA DR #2000</b>   |                                            |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>               |                                            |
| TITLE          | TV                              | <input type="checkbox"/> DELETE            |
| NAME           | <b>SINYARD, DAVID B</b>         |                                            |
| STREET ADDRESS | <b>THREE RAVINIA DR #2000</b>   |                                            |
| CITY-ST-ZIP    | <b>ATLANTA GA 30346-2149</b>    |                                            |
| TITLE          | V                               | <input type="checkbox"/> DELETE            |
| NAME           | <b>GOODSON, MICHAEL</b>         |                                            |
| STREET ADDRESS | <b>THREE RAVINIA DR #2000</b>   |                                            |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>               |                                            |
| TITLE          | VS                              | <input type="checkbox"/> DELETE            |
| NAME           | <b>KACENA, JAMES, L</b>         |                                            |
| STREET ADDRESS | <b>THREE RAVINIA DR #2000</b>   |                                            |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>               |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                       |                                                                              |
|-------------------|---------------------------------------|------------------------------------------------------------------------------|
| 1. TITLE          | <b>V</b>                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME           | <b>BRETTSCHNEIDER, THOMAS H.</b>      |                                                                              |
| 3. STREET ADDRESS | <b>THREE RAVENIA DR. - SUITE 2900</b> |                                                                              |
| 4. CITY-ST-ZIP    | <b>ATLANTA, GA. 30346-2149</b>        |                                                                              |
| 2. TITLE          | <b>P/D</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2. NAME           | <b>ROSENBERG, JAMES D.</b>            |                                                                              |
| 3. STREET ADDRESS | <b>THREE RAVENIA DR. - SUITE 2900</b> |                                                                              |
| 4. CITY-ST-ZIP    | <b>ATLANTA, GA. 30346-2149</b>        |                                                                              |
| 3. TITLE          | <b>V/D</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME           | <b>STALEY, GRAHAM D.</b>              |                                                                              |
| 3. STREET ADDRESS | <b>THREE RAVENIA DR. - SUITE 2900</b> |                                                                              |
| 4. CITY-ST-ZIP    | <b>ATLANTA, GA. 30346-2149</b>        |                                                                              |
| 4. TITLE          | <b>T/V</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME           | <b>SINYARD, DAVID B.</b>              |                                                                              |
| 4. STREET ADDRESS | <b>THREE RAVENIA DR. - SUITE 2900</b> |                                                                              |
| 4. CITY-ST-ZIP    | <b>ATLANTA, GA. 30346-2149</b>        |                                                                              |
| 5. TITLE          | <b>V</b>                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME           | <b>GOODSON, MICHAEL L.</b>            |                                                                              |
| 5. STREET ADDRESS | <b>THREE RAVENIA DR. - SUITE 2900</b> |                                                                              |
| 5. CITY-ST-ZIP    | <b>ATLANTA, GA. 30346-2149</b>        |                                                                              |
| 6. TITLE          | <b>S/V</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME           | <b>KACENA, JAMES L.</b>               |                                                                              |
| 6. STREET ADDRESS | <b>THREE RAVENIA DR. - SUITE 2900</b> |                                                                              |
| 6. CITY-ST-ZIP    | <b>ATLANTA, GA. 30346-2149</b>        |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of or new attachments with an address.

SIGNATURE:

**MICHAEL L. GOODSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96 770-604-2000**

Date

Daytime Phone #

CR2E034 (12/95)

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Directors and Officers  
Bass Miami International Airport, Inc.

**DIRECTORS:**

|                   |          |
|-------------------|----------|
| David Peach       | Director |
| James D Rosenberg | Director |
| Graham D Staley   | Director |

**OFFICERS:**

|                          |                     |
|--------------------------|---------------------|
| Thomas H Brettschneider  | Vice President      |
| Michael L Goodson        | Vice President      |
| James L Kacena           | Secretary           |
|                          | Vice President      |
| Donnell J McCormack, Jr. | Assistant Secretary |
| David Peach              | Vice President      |
| James D Rosenberg        | President           |
| David B Sinyard          | Treasurer           |
|                          | Vice President      |
| Graham D Staley          | Vice President      |