FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000008781 (6)**

1. Corporation Name

ENSIGN AIRPORT PROPERTIES, INC.

Principal Place of Business	Mailing Address
505 MAITLAND AVE. SUITE #200 ALTAMONTE FL 32701 US	P.O. BOX 947510 MAITLAND FL 32794-7510 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **11/30/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3154831** ☐ 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

9. Name and Address of Current Registered Agent

DANIELS, ALAN H
800 N MAGNOLIA AVE
SUITE 1500
ORLANDO FL 32803

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 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	11 TITLE	☐ Change	☐ Addition
NAME	BRUNO, ANTHONY J.		12 NAME		
STREET ADDRESS	505 MAITLAND AVE., SUITE 200		13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		14 CITY-ST-ZIP		
TITLE	C	☒ DELETE	21 TITLE	☐ Change	☐ Addition
NAME	HALL, TREVOR W SR		22 NAME		
STREET ADDRESS	255 S ORNAGE AVENUE SUITE 1350		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		24 CITY-ST-ZIP		
TITLE	V	☒ DELETE	31 TITLE	☐ Change	☐ Addition
NAME	HALL, TREVOR W		32 NAME		
STREET ADDRESS	255 S ORANGE AVENUE SUITE 1350		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		34 CITY-ST-ZIP		
TITLE	S	☐ DELETE	41 TITLE	☐ Change	☐ Addition
NAME	HOOD, DORIS F		42 NAME		
STREET ADDRESS	505 MAITLAND AVE., SUITE 200		43 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change	☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 receiver 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 changed, or on an attachment with an address.

SIGNATURE: Anthony J. Bruno 4-24-96 407 657 1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #