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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P93000012195**

AIRPORT INTEGRATED SYSTEMS, INC.

Principal Place	e of Business	Mailing Address				
7900 EAST UNION AVENUE		7900 EAST UNION AVENUE				
SUITE 1100 DENVER CO 80237		SUITE 1100 DENVER CO 80237	* *··-		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed		
		10-11		02/10/1993	T 1 4	-Cad Fas
	lace of Business	2a. Mailing Address	2 1 2	4. FEI Number	<del>-   ``</del>	plied For Applicable
21 5460 Suite, Apt.		Suite, Apt. #, etc.	Quebec Stre		\$8.75 A	1.0
22 Sur	•	27 541/4 33	۱۵	5. Certifcate of Status Desired	Fee Re	
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00	May Be
23 Eng.	lewood, Co	28 Englowes		Trust Fund Contribution	Added to	o Fees
Zip V	Country	Zip 🗗	Country	8. This corporation owes the curre	· -	XNo
24 80//	9. Name and Address of Cu		30 4.S.	Personal Property Tax.  10. Name and Address of New R		MINO
	5. Name and Address of Cu	Itelit Kegistered Agent	81 Name	Hallio did Placeson of Teatry		
GRA	FF, JAY D		00 044 4	disease (D.O. Day Normber in Not Assents	abla)	
5170 LITTLE BETH DR N			82 Street Ac	ddress (P.O. Box Number is Not Accepta	able)	
BOY	NTON BCH FL 33437		83		· · · · · ·	
			84 City	A Mary Market Control of the Control	85 Zip C	Code
			'		TL	
office or r	registered agent, or both, in the St	ate of Florida. Such change was au	uthorized by the corpora	orporation submits this statement for the ation's board of directors. I hereby accep	purpose of changing its of the appointment as req	registered gistered
office or r	registered agent, or both, in the St	0502 and 607.1508, Florida Statute ate of Florida. Such change was au digations of, Section 607.0505, Flor	uthorized by the corpora	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of changing its of the appointment as reg	registered gistered
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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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE: