FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000074182 (5)

AIR CARGO BUILDING THREE, INC.

Principal Place of Business Mailing Address 8989 TRADEPORT DRIVE 8963 TRADEPORT DRIVE ORLANDO FL 32827-5010 ORLANDO FL 32827-5383 3a. Date of Last Report 3. Date Incorporated or Qualified 10/20/1993 05/01/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 59-3212633 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FOX. PETER F 8963 TRADEPORT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BUILDING 6** 63 ORLANDO FL 32827

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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

SIGNATURE	Signature, typed or period name of migistered agent and title if applicable	(NOTE: R	egistered Agent signature				DATE		
12.	OFFICERS AND DIRECTORS		13.	ADI	DITIONS/CHAN	IGES TO C	FFICERS AND		
TRUE	T D	DELETE	1.1 TITLE					Change	Addition
NAME	FOX, PETER F		12 NAME		_ 1		Λ.	-	
STREET ADDRESS	9675 TRADEPORT DRIVE		1.3 STREET ADDRESS	8963	Trade	part	Drive 2251		
CHY-S1-ZIP	ORLANDO FL		1.4 CITY - ST - ZIP	00	ande.	R	7281		
TITLE		DELETE	2.1 TITLE			•	-	Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS					2	• •
City-St-ZiP			2. 4 CITY-ST-ZIP				**		
THLE		DELETE	3.1 TOTLE					☐ Change	Addition
NAME			3.2 NAME				•		•
STREET ADDRESS			3.3 STREET ADDRESS						
C!17 - ST - 7IP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4.2 NAME						
STREET ADORESS			4.3 STREET ADDRESS						
CITY ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME				:		* •
STREET ADDRESS	·		5.3 STREET ADDRESS						
CHY-SI-ZIP			5.4 CITY - ST - ZIP	1					
T:TE		DELETE	6.1 TITLE		·			Change	Addition
NAME	1		62 NAME						
STREET ADDRESS			63 STREET ADDRESS				2		
CLIA CT. 21P			64 CITY-ST-ZIP						

14. If 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; by a late three with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 407-8\$

FILED

Apr 29 1997 8:00am

Secretary of State

Zip Code