⁺FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0106055

PROFIT CORPORATION ANNUAL REPORT **1999**	(SEAL)	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90284 027 ***150.00

DOCUMENT # P93000074182
1. Corporation Name
AIR CARGO BUILDING THREE, INC.

Principal Place of Business	Mailing Address
8963 TRADEPORT DRIVE ORLANDO FL 32827-5363 US	8963 TRADEPORT DRIVE ORLANDO FL 32827-5363 US

(barcode)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/20/1993

2. Principal Place of Business	2a. Mailing Address *P.O. Box 568383*	4. FEI Number **59-3212633**	Applied For / Not Applicable
21	**26**	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
City & State **23**	City & State *Orlando FL* **28**	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
Zip **24**	Country **25**	Zip *32856-8383* **29**	Country *Orange* **30**

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

	81	Name
FOX, PETER F ~~8963 TRADEPORT DRIVE~~ *6200 Hazeltine Natl. Dr.* ~~BUILDING 6~~ *Orlando, FL 32822* ~~ORLANDO FL 32827~~	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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change	☐ Addition
NAME	FOX, PETER F		1.2 NAME			
STREET ADDRESS	8963 TRADEPORT DR		1.3 STREET ADDRESS	*6200 Hazeltine National Dr.*		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	*Orlando, FL 32822*		
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			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			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (11/98)

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.

SIGNATURE: _____   *4/29/99*   *407/855-2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #