


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90191 008 ***150.00

DOCUMENT # P95000095074	
1. Entity Name AIRPORT INTERNATIONAL PARK OF ORLANDO, INC.	

Principal Place of Business 255 S ORANGE AVE SUITE 720 ORLANDO, FL 32801	Mailing Address 255 S ORANGE AVE SUITE 720 ORLANDO, FL 32801
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2. Principal Place of Business 255 S. Orange Avenue	3. Mailing Address 255 S. Orange Avenue
Suite, Apt. #, etc. Suite 1500	Suite, Apt. #, etc. Suite 1500
City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Country USA

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0645661		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SABGA, S P 255 S ORANGE AVE SUITE 720 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 255 S. Orange Avenue Suite 1500 City Orlando FL Zip Code 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SABGA, S PAUL 255 S ORANGE AVENUE SUITE 720 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 S. Orange Avenue, Suite 1500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABGA, JOSEPH 7280 W PALMETTO PK RD STE 306N BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SABGA, EMILE 7280 W PALMETTO PARK RD #360 N BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7280 W. Palmetto Park Road, Suite 306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABGA, PETER 7280 W PALMETTO PARK RD #360 N BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7280 W. Palmetto Park Road, Suite 306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Peter Sabga** **04/27/2004** **(407)649-1200**

Signature and typed or printed name of signing officer or director Date Daytime Phone #