2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000095074

1. Entity Name
AIRPORT INTERNATIONAL PARK OF ORLANDO, INC.

Principal Place of Business	Mailing Address
255 SOUTH ORANGE AVE., STE 1500 ORLANDO, FL 32801	255 SOUTH ORANGE AVE., STE 1500 1500 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0645661
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SABGA, S P
255 SOUTH ORANGE AVE., STE 1500
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SABGA, S PAUL
STREET ADDRESS	255 SOUTH ORANGE AVE., STE 1500
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	SABGA, JOSEPH
STREET ADDRESS	290 SW 12 AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	T
NAME	SABGA, EMILE
STREET ADDRESS	290 SW 12 AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VD
NAME	SABGA, PETER
STREET ADDRESS	290 SW 12 AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/08-80025-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: S. Paul Sabga 1/28/2008 407-649-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #