

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

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000099664 (0)**

1. Corporation Name  
**AIRPORT PROFESSIONAL CENTER, INC.**



Principal Place of Business <b>780 SO APOLLO BLVD. MELBOURNE FL 32901</b>	Mailing Address <b>780 SO APOLLO BLVD. MELBOURNE FL 32901-1423</b>
--	---

3. Date Incorporated or Qualified <b>12/10/1996</b>	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21 <b>502 E. New Haven Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>502 E. New Haven Avenue</b> Suite, Apt. #, etc.	4. FEI Number <b>59-3415390</b>	Applied For Not Applicable
22 City & State 23 <b>Melbourne, FL 32901</b> Zip Country	27 City & State 28 <b>Melbourne, FL 32901</b> Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24	25	29	30

9. Name and Address of Current Registered Agent <b>DETTMER, DALE A 780 SO APOLLO BLVD. MELBOURNE FL 32901</b>	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rehashing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>DETTMER, DALE A</del>	1.2 NAME	<b>William J. Broussard</b>
STREET ADDRESS	<del>780 SO APOLLO BLVD.</del>	1.3 STREET ADDRESS	<b>502 E. New Haven Avenue</b>
CITY-ST-ZIP	<del>MELBOURNE FL 32901</del>	1.4 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Ralph R. Paylor</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>502 E. New Haven Avenue</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Andrew Zorbis</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>502 E. New Haven Avenue</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Kenneth E. Allen</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>502 E. New Haven Avenue</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address.

SIGNATURE: William J. Broussard 4-14-97 (407) 727-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001076

CR2E034 (9/96)