PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$72146**

AIRPORT COMMERCE CENTER, INC.

	of Business	Mailing Address							
1201 TALLEVAS	T ROAD	PO BOX 3749							
SARASOTA FL 34243 US		SARASOTA FL 34230				DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed			
									ì
						08/07/1991			plied For
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			
21		26				65-0280958			t Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	· 🗆	\$8.75 A	
22		27				S. Commonto di promo di		Fee Re	quirea
City & State	9	City & State				6. Election Campaign Financing	П	\$5.00	
23	-	28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	untry	 -	8. This corporation owes the curr	ent year Inta	angible	_
	25	29	30			Personal Property Tax.	• •		□No
24	9. Name and Address of Current			T		10. Name and Address of New F	Registered A	Agent	<u>. :</u>
·	OF A SOUN			81 1	Name			15	
RIGG	C CTAMIEV A ID					(D. D. D. D. D. D. Mark A species	-blo)	- 	
ASS 1201	TALLEVAST RD	•		82 5	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	ASOTA FL 34243			83		2 42 514 18 12 7 7 7 7 8 8 1 8 1 8 1	(1) SHE 24/18	11.01.5	
SAN	MOUIN FE 04240	1	•	55					
				84 (City	· · · · · · · · · · · · · · · · · · ·		85 Zip (Code
		ares Rues Resay					ГЬ	1 1 2	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Sta	tutes, the a	above-n	named corporation	oration submits this statement for the	purpose or of the appoir	ntment as re	gistered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida, Such change was ons of Section 607.0505.	s authorize Florida Stat	tutes	e corporatio				·
∤ o∞ ayentina									I
									<u>.</u>
SIGNATURE		<u></u>				d when reinstating) () 5 \ - 2	DATE		<u>·</u>
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (No		d Agent si		d when reinstating) , !! !: ! ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (No	OTE: Registere	d Agent si		d when reinstating) , !! !: ! ADDITIONS/CHANGES TO OF	DATE		<u>·</u>
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (No	OTE: Registere 13.	d Agent si		d when reinstating) () 5 \ - 2	DATE	ID DIRECTO	DRS IN 12
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D RIGGS, STANLEY A	and title if applicable. (No	DTE: Registere 1.3. 1.1 T	d Agent si	ignature required	d when reinstating) , !! !: ! ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D RIGGS, STANLEY A 5400 OCEAN BLVD	and title if applicable. (No	13. 1.1 T 1.2 N 1.3 S	d Agent si	DDRESS	d when reinstating) , !! !: ! ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D RIGGS, STANLEY A	and title if applicable. (NO) DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C	od Agent si TITLE NAME STREET AG	DDRESS	d when reinstating) , !! !: ! ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	DRS IN 12
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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. CITY-ST-ZIP

5.4 CITY-ST-ZIP

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

CITY+ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90049 019 ***150.00