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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S80030

(7)

Mailing Address MM BONCE DE LEON BLUD

AIRPORT EXECUTIVE TOWERS I & II, INC.

Mar 17 1		ED 7 8:00am of State			
ate Incorporated or Qualified 9/13/1991	3a. Date of Last Report 03/22/1996				
El Number 65-0296876		Applied For Not Applicable			
0370280070		Not Applicable			

PENTHOUSE II CORAL GABLES		PENTHOUSE	ES FL 33134-5224				La Data at Last	Dan ad	
US		US				 Date Incorporated or Qualified 09/13/1991 	3s. Date of Last 03/22/1996	нероп	
,	ace of Business	2a, Mailing /	Address			4, FEI Number 65-0296876	 1	Applied For	
21 Suita Ant			0070290070	¢0.75	Not Applicable Additional				
22	27		5. Certificate of Status Desired	Fee F	Fee Required				
City & State 28		28 City & St	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
7(p	Country	Zip	h 1			This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No			
	g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	BIO, LLOYD J.			81	Name				
	i ponce de leon bly! Thouse II	,		82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)		
	AL GABLES FL 33134			83					
001	INE CARDEEO I E CO 101				-1.	.,	1221		
				84	City		FL 85 Zip	Code	
office or re	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	the State of Florida. Such a	change was author	rized by	the corpo	orporation submits this statement for the paration's board of directors. I hereby accept	urpose of changing at the appointment a	its registered is registered	
SIGNATURE	Signature, typed or printed name of re-	a decad agond and the Hamplinghle	AVOTE: Basic	ulacad Ana	al signatura sa	equired when re-instating)	DATE		
12.		ERS AND DIRECTORS		13.	in adulatora re	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	D			A TITLE			☐ Change		
NAME	BOGGIO, LLOYD J.	 -	1	2 NAME	İ				
STREET ADDRESS	2121 PONCE DE LEON	I BLVD P2	1	.3 STAEET	ADDRESS				
C(1Y+S1-Z(F	CORAL GABLES FL			1.4 CITY-S	T-ZIP			114400	
TOLE	D MADOUG GTEMADT	L		2.1 TITLE			☐ Change	Addition	
NAME	A4A4 BONOT DE LEON BUID DO			2 NAME					
STREET ADDRESS	CORAL GABLES FL	I DEAD I E		23 STREET	1				
CITY-ST-ZIF TITLE	OOITE GELEVIE			2 4 CHY-5 31 TITLE	51-2#r		Change	Addition	
NAME				32 NAME	Ì		-		
STREET ADDRESS			3	3 STREET	ADDRESS				
CITY-ST-ZIF			3	34. CITY- 5	ST-ZIP				
TELLE			_ DELETE	I.1 TITLE			☐ Change	Addition	
NAME			4	I. 2 NAME					
STREET ADDRESS				1.3 STREET	i				
CITY-ST Z-P				A CITY-S	T-ZIP		Change	Addition	
TITLE		L.		5.1 TITLE 5.2 NAME			Em Change	. — vocinon	
NAME STREET AUDRESS			•	0.2 NAME 5.3 STREET	ADORESS				
CITY-ST-ZIP				5.4 CITY-S					
TITLE	Mad Mada at 11 11 / Mary Plat 1997 1997 1997 1997 1997 1997			6.1 TITLE	·		Change	Addition	
NAME		_	6	S.2 NAME			-		
STREET ACIDRESS			E	5.3 STREET	ADDRESS	:			
CPY-S1-ZIP				5.4 CITY-S		-			
						ted in Cention 110 07/0V/). Claride Ctatute	والمارة والمحاسب والمستحد والمسارك والمسارك	أ مناهليم	

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 trystee 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 this an intachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRI

Daytime Phone ₽

Date