FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** AIR CARGO BUILDING TWO, INC. Principal Place of Business 60 63 6 TRADEPORT DRIVE Mailing Address 9675 TRADEPORT DRIVE ORLANDO FL 32827-5363 ORLANDO FL 32827-5363 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3183505 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Gertificate of Status Desired 22 Fee Required Orty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm IP}$ Country Z_{10} Country 8. This corporation has fiability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo FOX, PETER F. 82 Street Address (P.O. Box Number is Not Accept 3 9675 TRADEPORT DRIVE Tradeport Drive BUILDING 0 83 ORLANDO FL 32827 City 84 85 Zip Code of Soct As 607.0502 and 607.1608. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office in 1 the State of Florida. Such epangle was authorized by the corporation's board of directors. Thereby ancept the appointment as registered agent. Fam 11. Pursuant to the provisions or registered ag a sharige was authorized by the corporation's board of directors. I hereby accept 2005, Florida Statutes. familiar with SIGNATURE CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 7 TEF ☐ Change Addition ÇOX, PETER F. NAME 1.2 NAM3 STREET ADDRESS 4675-TRADEPORT DRIVE 13 STREET ADDRESS ORLANDO FL City-St-ZiP 1.4 CITY-ST-7IP THILE C) DETETE 2.1 TITLE Change Add tion NAME BEATY, CLINTON B. 2.2 NAME STREET ADDRES 9675 TRADEPORT DRIVE 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 24 CITY - ST - ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIF 34 CITY - ST - ZIP THILE DELE 16 4 1 TITLE Change Addition NAME 4.2 NAM-STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTy - \$1 - Zif TITLE DELETE 5 1 1111 8 Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY ST-ZIF TITLE ☐ DELETE 6 1 TIFLE Change ncitibbA [NAME 6.2 NAME STREET ADDRESS 6.3 STREET ACCRESS CITY - ST - 21F 6.4 CITY - S1 - 7IP 14. I do hereby certify that the information's upplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this annual peport 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block

SIGNATURE: