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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # V61220



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90284 026 ***150.00

AIR CARGO BUILDING TWO, INC.				
			(KARAN BIRBIR BUID) MENGENDAN BARN BIRBIR BURAN	.
Principal Place of Business	Mailing Address			
8963 TRADEPORT DRIVE 8963 TRADEPORT DRIVE				
ORLANDO FL 32827-5363 ORLANDO FL 32827-5363 US			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualifed	
			09/01/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	26 P.O. BOX 5	568383	59-3183505	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		3. Certificate of otation besited	Fee Required
City & State	City & State	T.I	6. Election Campaign Financing	\$5.00 May Be
23	28 Orlando	PC	Trust Fund Contribution	Added to Fees
Zip Country 25	29 32556-8383 3	Orange	8. This corporation owes the current year Intan Personal Property Tax.	ngible □Yes □No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
81 Name				
FOX, PETER F. (200 Hazeltine Nutl. Dr. 82 Street Address (P.O. Box Number is Not Acceptable)				
ASSOCIATION OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY O				
BUILDINGS Orlando, FL 32822 83				
QRLANDO FL 32827				85 Zip Code
		' '	FL_	
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				
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was auti- itions of, Section 607.0505, Florid	norized by the corporal la Statutes.	non's board of directors. Thereby accept the appoint	ment as registered
SIGNATURE	,			
Signature, typed or printed name of registered age		legistered Agent signature requir		DIDECTOR DI 40
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE D	☐ DELETE	1.1 TITLE	•	-
NAME FOX, PETER F.		1.2 NAME	6200 Hazelfine Nation	nal Dr.
STREET ADDRESS 8963 TRADEPORT DRIVE		1.3 STREET ADDRESS	6200 Hazelfine Nation Orlando, FL 3292	1.7.
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP	Urlanko, Fr SET	☐ Change ☐ Addition .
TITLE		2.1 TITLE	'	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	□ DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE	□ bereie	3.2 NAME	'	
NAME		1		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	□ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE				
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		

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 employeed 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 attachine traffic and other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

□ DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

☐ Addition

Addition