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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29282** (3)

1. Corporation Name

AIRPORT MINORITY ADVISORY COUNCIL CORP.



Principal Place of Business 1800 DIAGONAL ROAD SUITE 210 ALEXANDRIA VA 22314 US		Mailing Address 1800 DIAGONAL ROAD SUITE 210 ALEXANDRIA VA 22314 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/15/1988		4. FEI Number 62-1398266	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EMPIRE CORPORATE KIT COMPANY 348 WEST FLAGLER STREET MIAMI FL 33130		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, NANCY K	1.2 NAME	SHARPE, CLARK D.
STREET ADDRESS	44 CANAL CENTER PLAZA, SUITE 202	1.3 STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-ST-ZIP	ALEXANDRIA VA 22314	1.4 CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLANT, ANITA	2.2 NAME	MCMICHAEL, JERRY
STREET ADDRESS	6040 28TH AVENUE SOUTH	2.3 STREET ADDRESS	2491 WINCHESTER ROAD
CITY-ST-ZIP	MINNEAPOLIS MN 55450	2.4 CITY-ST-ZIP	MEMPHIS TN 38186
TITLE	2VCD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, ELIZABETH	3.2 NAME	VALTEAU, PAUL
STREET ADDRESS	P.O. BOX 3565 (N/A)	3.3 STREET ADDRESS	108 ROYAL STREET
CITY-ST-ZIP	MONTGOMERY AL 36109	3.4 CITY-ST-ZIP	NEW ORLEANS LA 70130
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMICHAEL, JERRY	4.2 NAME	
STREET ADDRESS	2491 WINCHESTER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	
TITLE	1VCD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, ELIZABETH	5.2 NAME	
STREET ADDRESS	P O BOX 3565 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36109	5.4 CITY-ST-ZIP	
TITLE	2VCD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALTEAU, PAUL	6.2 NAME	
STREET ADDRESS	108 ROYAL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70130	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry McMichael* **JERRY McMICHAEL** 1/22/98 901-922-8078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)