

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90026 043 ****61.25

DOCUMENT # N29282

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/15/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		62-1398266	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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

Jerry McMichael

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, NANCY K	1.2 NAME	MOORE-STUMP, ELIZABETH
STREET ADDRESS	44 CANAL CENTER PLAZA, SUITE 202	1.3 STREET ADDRESS	PORT OF SAN DIEGO
CITY-ST-ZIP	ALEXANDRIA VA 22314	1.4 CITY-ST-ZIP	SAN DIEGO, CA 92112-0488
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLANT, ANITA	2.2 NAME	WRIGHT, CAROLINE
STREET ADDRESS	6040 28TH AVENUE SOUTH	2.3 STREET ADDRESS	JACKSON INT'L AIRPORT HAWKINS FIELD
CITY-ST-ZIP	MINNEAPOLIS MN 55450	2.4 CITY-ST-ZIP	JACKSON, MS 39298-8109
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARPE, CLARK D	3.2 NAME	MOORE, LINDA
STREET ADDRESS	6600 ROCKLEDGE DR	3.3 STREET ADDRESS	4610 N. LINDBERGH BLVD. SUITE 200
CITY-ST-ZIP	BETHESDA MD 20817	3.4 CITY-ST-ZIP	BRIDGETON, MO 63044
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMICHAEL, JERRY	4.2 NAME	
STREET ADDRESS	2491 WINCHESTER ROAD Suite 113	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38116	4.4 CITY-ST-ZIP	
TITLE	2VCD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	2VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALTEAU, PAUL	5.2 NAME	STEWART, SYLVIA
STREET ADDRESS	108 ROYAL STREET	5.3 STREET ADDRESS	JACKSON INT'L AIRPORT HAWKINS FIELD
CITY-ST-ZIP	NEW ORLEANS LA 70130	5.4 CITY-ST-ZIP	JACKSON, MS 39298-8109
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Jerry McMichael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0013860