

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY - 1 AM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32304

DOCUMENT # **F94000001293 (9)**

APB INVESTIGATIONS, INC.

2. Previous Name of Corporation		2a. Mailed Address		3. Date incorporated or renewed		3a. Date of next report	
2047 VICTORY BLVD STATEN ISLAND NY 10314		2047 VICTORY BLVD STATEN ISLAND NY 10314		03/14/1994			
21. State of Incorporation	22. State of Report	26. Mailed Address	27. State of Report	4. FEI Number	Applies For		
NY	NY			13-3310564	Not Applicable		
23. City & State	24. City	28. City & State	29. City	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
				<input type="checkbox"/>			
24. City	25. State	29. City	30. State	6. Election Campaign Financing	\$5.00 May Be Added to Fees		
				Trust Fund Contributions	<input type="checkbox"/>		
				8. This corporation has liability for intangible tax under s. 199.137 Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 607.04(1), and 607.14(3) 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 this appointment as registered agent. I am familiar with and accept the obligations of a registered agent in Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS:		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995:	
1. NAME	PS GASPAR, JOHN 209 GLASCOE AVE. STATEN ISLAND NY 10314	1. NAME	President John M. Gaspar 109 GLASCOE AVE. STATEN ISLAND, NY 10314
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonreporting status as set forth in the 1995 Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report as to the above and that my signature shall have the same legal effect as if such report were filed. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this report as required by Florida Statutes.

SIGNATURE: *John M. Gaspar*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

5/1/95 7184337100
SECRETARY OF STATE