FILE NOW: FILING FEE IS $61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21650** (9)

1. Corporation Name

SECTION ON ADMINISTRATION, APTA, INC.

Principal Place of Business	Mailing Address
1111 N FAIRFAX STREET ALEXANDRIA VA 22314-8436	1111 N FAIRFAX STREET ALEXANDRIA VA 22314-8436

3. Date Incorporated or Qualified: 06/30/1987

4. FEI Number: 34-1179218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KENVILLE, SUSAN A.
10330 SW 98TH STREET
MIAMI FL 33716

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	WASHINGTON, MARILYN		1.2 NAME	JOY STERNECK	
STREET ADDRESS	333 NORTH PRAIRIE AVENUE DANIEL FREEMAN		1.3 STREET ADDRESS	16640 Century Lake Drive	
CITY-ST-ZIP	INGLEWOOD CA		1.4 CITY-ST-ZIP	Chesterfield MO 63017	
TITLE	DC	☐ DELETE	2.1 TITLE	DC	☒ Change ☐ Addition
NAME	BRYAN, COURTNEY		2.2 NAME	DAVID POWERS	
STREET ADDRESS	17906 NANES		2.3 STREET ADDRESS	13585 Calle Patricia	
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP	Pacific Palisades CA 90272	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	IRVINE, BONNIE		3.2 NAME	CAROL CAREY	
STREET ADDRESS	1510 12TH ST N, APT 604		3.3 STREET ADDRESS	119 N. Anchorage Dr.	
CITY-ST-ZIP	ARLINGTON VA		3.4 CITY-ST-ZIP	North Palm Beach, Fla 33408	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HELEN		4.2 NAME	HELEN SMITH	
STREET ADDRESS	4374 HILLSIDE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: SIGNATURE REQUIRED 1/11/98 313-712-3564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #