

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000015082 (0)
1. Corporation Name

APOLLO III, INC.



Principal Place of Business: 407 SARASOTA QUAY SARASOTA FL 34236
Mailing Address: 407 SARASOTA QUAY SUITE 27 SARASOTA FL 34236 US

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 08/07/1995
4. FEI Number: 65-0379237
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 888 Blvd. of the Arts, 22 708, 23 Sarasota, Florida, 24 34236, 25 USA
2a. Mailing Address: 26 SAME, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: KIRTLEY, WILLIAM T, 702 SARASOTA QUAY, SARASOTA FL 34236

10. Name and Address of New Registered Agent: 81 Name: William T. Kirtley, 82 Street Address: 2014 Fourth Street, 84 City: Sarasota, FL, 85 Zip Code: 34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 obligation of, section 607.0503, Florida Statutes.

SIGNATURE: *William T. Kirtley* DATE: 6/14/96

12. OFFICERS AND DIRECTORS

TITLE	CTD	<input type="checkbox"/> DELETE
NAME	MCDONOUGH, JAMES T.	
STREET ADDRESS	407 SARASOTA QUAY, SUITE 27	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	KIRTLEY, WILLIAM T.	
STREET ADDRESS	702 SARASOTA QUAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRYOR, W. LEE I	
STREET ADDRESS	407 SARASOTA QUAY, SUITE 27	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABEL, ROBERT B.	
STREET ADDRESS	407 SARASOTA QUAY, SUITE 27	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COYNE, RANDALL J.	
STREET ADDRESS	407 SARASOTA QUAY, SUITE 27	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	888 Blvd. of the Arts, #708
14 CITY-ST-ZIP	Sarasota, Florida 34236
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2014 Fourth Street
24 CITY-ST-ZIP	Sarasota, Florida 34237
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	888 Blvd. of the Arts, #708
34 CITY-ST-ZIP	Sarasota, Florida 34236
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *James T. McDonough* DATE: 6/14/96 DAYTIME PHONE: 941/952-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: James T. McDonough, President

CR2E034 (3/96)