

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000037871
1. Corporation Name

APS Southeast, Inc.

N/C 1/29/97

Principal Place of Business

Mailing Address

1 HOOK RD
SHARON HILL PA 19079-1013
US

3. Date Incorporated or Qualified 4/29/96	3a. Date of Last Report First Filing
4. FEI Number 65-0661337	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 None	26 One Hook Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Karon Carpenter
3901 S.W. 47th Ave., Suite 405
Fort Lauderdale, FL 33314

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	MIRRA, RAYMOND A JR.	1.2 NAME	Raymond A. Mirra, Jr.
STREET ADDRESS	3901 SOUTH WEST 47TH AVENUE	1.3 STREET ADDRESS	2932 North Atlantic Blvd.
CITY-ST-ZIP	FORT LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE		2.1 TITLE	VP
NAME		2.2 NAME	Kevin D. Stepanuk
STREET ADDRESS		2.3 STREET ADDRESS	One Hook Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Sharon Hill, PA 19079
TITLE		3.1 TITLE	S
NAME		3.2 NAME	John P. Mohnacs
STREET ADDRESS		3.3 STREET ADDRESS	One Hook Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sharon Hill, PA 19079
TITLE		4.1 TITLE	T
NAME		4.2 NAME	Victor Battaglia
STREET ADDRESS		4.3 STREET ADDRESS	One Hook Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sharon Hill, PA 19079
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. I am attaching an address.

Kevin D. Stepanuk 4/23/97

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (9/96)