FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

ACCEPTED AND FILED — APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **459218** **(4)**

1. Corporate Name

A'PROPOS, INC.

Principal Place of Business	Mailing Address
2102 S. DALE MABRY TAMPA FL 33629	2102 S. DALE MABRY TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1974**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1557644** — Applied For / Not Applicable

2. Principal Place of Business — 21 — 2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 — 27

City & State — 23 — 28

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

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. The corporation is entitled to ... Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAN EEPOEL, AUGUST 3705 N HIMES AVE TAMPA FL 33607	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 ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	CHRISTEN, PATRICIA	NAME	
STREET ADDRESS	2102 S. DALE MABRY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Christen 5-1-95 (813) 251-8180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0300047 CP

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DOCUMENT # 460637 (2)

1. ROSE-ANNE, INC.

TAVERNIER BEND MM 92.3 US 1
P.O.BOX 1278
TAVERNIER FL 33070

TAVERNIER BEND MM 92.3 US 1
P.O.BOX 1278
TAVERNIER FL 33070

3. 09/05/1974

3a. 05/01/1994

4. FEI Number: 59-1548462

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PRICE, ROSEMARIE
160 HARBORVIEW DR
P.O.BOX 565
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

84. FL

12. OFFICERS AND DIRECTORS

PTS
PRICE, SCOTT
162 DOVE CRK DR
TAVERNIER FL

13. ADDITIONAL OFFICERS AND DIRECTORS

14. SIGNATURE: Scott Price 4/20/95 552-3022

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0425875 FP

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DOCUMENT # **464078** **(5)**

1 **D S & N, INC., CONSULTING ENGINEERS**

127 W CHURCH AVE
LONGWOOD FL 32750-4105
US

127 W CHURCH AVE
LONGWOOD FL 32750-1105

3. **10/24/1974** 3a. **03/25/1994**

4. **59-1556741**

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HINES, G. JEFFERY
127 W CHURCH AVE
LONGWOOD FL 32750-1105

10. Name and Address of New Registered Agent

84 FL

12.

DPS
HINES, G. JEFFERY
127 W CHURCH AVE
LONGWOOD FL
DT
HINES, KATHERINE S.
127 W CHURCH AVE
LONGWOOD FL

13.

14.

SIGNATURE:

5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0040771 CP