

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **357692** (3)
1. Corporation Name
ATLANTIC & PACIFIC RESEARCH INC



Principal Place of Business
**1500 AVENUE "F"
BOX 14545
N PALM BEACH FL 33408
US**

Mailing Address
**PO BOX 14545
N PALM BEACH FL 33408
US**

3. Date Incorporated or Qualified 12/31/1969	3a. Date of Last Report 02/22/1995
4. FEI Number 06-0759233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 1336
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Hamoville NC
Zip 24	Zip 29 28793
Country 25	Country 30

9. Name and Address of Current Registered Agent

**PLIMPTON, JR., R.S.
1099 RAIN TREE LANE
PALM BEACH GARDENS FL 33410**

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 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]* *[Signature]* *3-4-96*
Signature of typed or printed name of registered agent and of the corporation (if the registered agent is a corporation, the signature of the registered agent is required when the corporation is the registered agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLIMPTON, KINGSLEY B	1.2 NAME	
STREET ADDRESS	420 NORTH 3RD ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PALATKA FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLIMPTON, R.S. SR.	2.2 NAME	
STREET ADDRESS	2218 MAT EAST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TIBURON CA	2.4 CITY-STATE-ZIP	
TITLE	PDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLIMPTON RS JR	3.2 NAME	
STREET ADDRESS	244 FORESTERIA DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE PARK, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ROBIN	4.2 NAME	
STREET ADDRESS	1099 RAIN TREE LN.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH GARDENS FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLIMPTON, DEBRA	5.2 NAME	
STREET ADDRESS	244 FORESTERIA DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE PARK FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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

SIGNATURE: *[Signature]* *3-4-96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)