

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 823978

(2)

1. Corporation Name

A.P.S., INC. OF FLORIDA

Principal Place of Business

15710 JFK BLVD.
SUITE 700
HOUSTON TX 77032-2347
US

Mailing Address

15710 JFK BLVD.
SUITE 700
HOUSTON TX 77032-2347
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND RD
PLANTATION FL 33324

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 607.0602 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 changes 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 of Registered Agent

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

TITLE

T

NAME

ARONSON, ROBERT J
15710 JFK BLVD., SUITE 700
HOUSTON TX

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VPS

NAME

LAUVER, E EUGENE
15710 JFK BLVD., SUITE 700
HOUSTON TX

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VP

NAME

PRESTON, MICHAEL L
15710 JFK BLVD., SUITE 700
HOUSTON TX

STREET ADDRESS

CITY-STATE-ZIP

TITLE

VPA

NAME

DUBILIER, MICHAEL J
126 EAST 56TH ST.
NEW YORK NY

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

NAME

BARRY, THEODORE
126 E 56TH ST
NEW YORK NY

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

NAME

DUBILIER, MICHAEL J
126 E 56TH ST
NEW YORK NY

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(a), 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 business or business employee authorized 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 attached sheet with an addressee.

SIGNATURE:

William N. Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

FILED IN 12

CR2E034 (12/95)