SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Jul 28, 1999 8:00 am Secretary of State 07-28-1999 90018 039 ***158.75

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FILED

1999

SIGNATURE:

DOCUMENT # F9400005217

ADVANCED PRODUCTS REPRESENTATIVES, INC.

Principal Place	of Business	Mailing Address				1		(0 0 1 0 1 1 1 1		1881 1881
5203 MERTON RD. (M GASON) VALRICO FL 33594		813 E. BLOOMINGDALE AVE. STE. 261				DO NOT WE!	TE IN THIS	SPACE		
US BRANDON FL 33511					3 D	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						10/07/1994				
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For				
21		26			5	58-1806581 Not A			Not App	olicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	S8.75 Additional				onal
22		27			5. C	5. Certificate of Status Desired Fee Required				
City & State		City & State			6. E	lection Campaign Financing	ويتنجي	* ~\$5:	00:May	Be
23		28			Tı	rust Fund Contribution		Add	ded to Fe	es
Zip	Country	Zip	Cou	ntry		his corporation owes the curr	ent year	٦	□ □	
24	25	29	30			tangible Personal Property.	<u></u>	Yes	No	
	9, Name and Address of Currer	t Registered Agent		81 Name	10. N	ame and Address of New F	(egisterea	Agent		
WEN	NSLOFF, JERRY E	1		oi Name			_			
5003 MEDTON PD COMPATON				82 Street	Address (P.O	. Box Number is Not Accepta	ible)			
WENSLOFF, JERRY E 5203 MERTON RD. VALRICO FL 33594 WERTON (MERTON)										
*AL	(110012 30054			83						
				84 City				85	Zip Code	
							<u>FL</u>			
office or r	to the provisions of sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	iuthorized	by the corp	orporation sul oration's boar	bmits this statement for the pr rd of directors. I hereby accep	ot the appo	intment a	is register is register	red
SIGNATURE							_			_
	Signature, typed or printed name of registered age			red Agent signatu	re required when r		DATE	UD DIDE	CTODG	
12.		ID DIRECTORS	13.	<u> </u>	AD	DITIONS/CHANGES TO OF	FICERS A			
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STREET ADDRESS										
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14. I 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 if changed, or on an attachment withtran address.



F9400005217 597797-90018-39

To: Florida Department of State

From: APR, Inc. Date: July 2, 1999

Re: 2nd Notice of 1999 Profit Corporation Annual Report

I received a 2rd Notice for the filing of this report but Edid-not over receive the first one. I called and talked to a woman named Carry who said to send a letter explaining that I did not receive the first one and enclosing a check for the \$150 filing fee required.

I have done so with this letter.

Thank you for your time and consideration of this important matter.

surchely

Jerry E. Wensloif

President

Sincerely,