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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

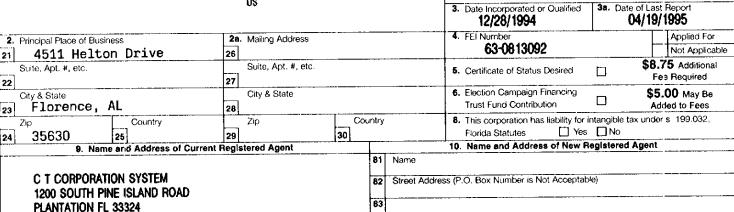
F9400006641 (4) **DOCUMENT #** 1. Corporation Name

AMERICAN PROMO	ΓΙΟΝΑL E	VENTS.	INC.
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Principal Place of Business P.O. BOX 1318 FLORENCE AL 35631

Mailing Address

PO BOX 1426 FLORENCE AL 35631



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.

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). DATE									
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TIFLE	PD	DELETE	1. 1 TITLE	CFO CFO	Change	🔼 Addition			
NAME	ANDERSON, TERRY C		1.2 NAMÉ	John Palme					
STREET ADDRESS	HELTON DRIVE @ RASCH ROAD		1.3 STREET ADDRESS	4511 Helton Drive					
CITY-ST-ZIP	FLORENCE AL		1.4 CITY-ST-ZIP	Florence, AL 35630					
TITLE	D	DELETE	2. 1 TITLE		Change	■ Add-tion			
NAME	ANDERSON, HAROLD M		2 2 NAME						
STREFT ADDRESS	HELTON DRIVE @ RASCH ROAD		2 3 STREET ADDRESS						
CITY-ST-ZIP	FLORENCE AL		24 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	3 1 TITLE		Change	Addition			
NAME	DROPO, W J		3 2 NAME						
STREET ADDRESS	HELTON DRIVE @ RASCH ROAD	ļ	3.3 STREET ADDRESS						
CITY-ST-ZIP	FLORENCE AL		3.4 CITY - ST - ZIP						
TETLE	SD	☐ DELETE	4. 1 TITLE		Change	Addition			
NAME	DAUGHERTY, GERALD H		4.2 NAME						
STREET ADDRESS	202 NORTH COURT STREET		4.3 STREET ADDRESS						
CITY-ST-ZIP	FLORENCE AL		4.4 CITY-ST-7IP			F194			
TITLE	AST	X) DELETE	5 1 THLE		☐ Chanje	Addition			
NAME	ABROMS, MARTIN R		5 2 NAME						
STREET ADDRESS	202 NORTH COURT STREET		53 STREET ADDRESS						
CITY-ST-ZIP	FLORENCE AL		5.4 CITY - ST - ZIP						
TITLE	D	☐ DELETE	6 1 TITLE		□ Change	Addition			
NAME	ANDERSON, JOEL R		6.2 NAME						
STREET ADDRESS	202 NORTH COURT STREET		63 STREFT ADDRESS						
CITY - \$1 - 7IP	FLORENCE AL		64 CITY - ST - 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)(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 AND TYPED OR PR IGNING OFFICER OR DIRECTOR 205-764-9901

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Zip Code