

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001685
1. Corporation Name

APTEK WILLIAMS, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business 700 NW 12th Avenue Deerfield Beach, FL 33442	Mailing Address 700 NW 12th Avenue Deerfield Beach, FL 33442
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/95		3a. Date of Last Report 07/17/96	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 93-1170046		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
The Prentice-Hall Corporation System, Inc.
1 Biscayne Tower
2 South Biscayne Blvd., 1810
Miami, FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas W. Itin	1.2 NAME	
STREET ADDRESS	7001 Orchard Lake Road, Ste 424	1.3 STREET ADDRESS	200002217092--0
CITY-ST-ZIP	West Bloomfield, MI	1.4 CITY-ST-ZIP	-06/19/97--01043--021
TITLE	S	2.1 TITLE	****558.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale J. Nelson	2.2 NAME	
STREET ADDRESS	14100 SW 72nd Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Portland, OR 97224	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley V. Intihar	3.2 NAME	
STREET ADDRESS	18 Harrison Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Zaneville, OH 43702	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. Caldren	4.2 NAME	
STREET ADDRESS	575 Mc Donald Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Midland, MI 48640	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel H. Greenwalt	5.2 NAME	
STREET ADDRESS	27777 Inster Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Farmington Hills, MI 48333	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy S. Itin	6.2 NAME	
STREET ADDRESS	1 Maritime Plaza, 11th Floor	6.3 STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94111	6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:



Gary Muter, Vice President 6/18/97 (954) 421-8450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone #

CR2E034 (9/96)

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**ATTACHMENT TO
1997 PROFIT CORPORATION ANNUAL REPORT
FOR
APTEK WILLIAMS, INC.**

Part 12. Officers and Directors

Title:	V	<input checked="" type="checkbox"/> Addition
Name:	Gary Muter	
Street Address:	700 N.W. 12th Avenue	
City-St-Zip:	Deerfield Beach, FL 33442	