

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90012 024 \*\*\*158.75

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Corporation Name

APTEK WILLIAMS, INC.

Principal Place of Business

Mailing Address

700 NW 12TH AVENUE  
DEERFIELD BEACH FL 33442

700 NW 12TH AVENUE  
DEERFIELD BEACH FL 33442

1. Date Incorporated or Qualified

04/06/1995

2. FEI Number

93-1170046

Applied For

Not Applicable

3. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

Name and Address of Current Registered Agent

Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1 BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD., 1810  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	ITIN, THOMAS W	
STREET ADDRESS	7001 ORCHARD LAKE ROAD, STE 424	
CITY-ST-ZIP	WEST BLOOMFIELD MI	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, DALE J.	
STREET ADDRESS	14100 SW 72ND AVE.	
CITY-ST-ZIP	PORTLAND OR 97224	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	INTIHAR, STANLEY V.	
STREET ADDRESS	18 HARRISON STREET	
CITY-ST-ZIP	ZANEVILLE OH 43702	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALDREN, WILLIAM R.	
STREET ADDRESS	575 MC DONALD STREET	
CITY-ST-ZIP	MIDLAND MI 48640	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENWALT, SAMUEL H.	
STREET ADDRESS	27777 INSTER RD.	
CITY-ST-ZIP	FARMINGTON HILLS MI 48333	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ITIN, TIMOTHY S.	
STREET ADDRESS	1 MARITIME PLAZA, 11TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

1.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerard A. Herlihy	
1.3 STREET ADDRESS	700 NW 12th Avenue	
1.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ronald J. Velat	
2.3 STREET ADDRESS	700 NW 12th Avenue	
2.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maurice Mensale	
3.3 STREET ADDRESS	700 NW 12th Avenue	
3.4 CITY-ST-ZIP	Deerfield Beach FL 33442	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary M. Maikoetter	
4.3 STREET ADDRESS	609 East Speer Blvd 3rd Floor	
4.4 CITY-ST-ZIP	Denver CO 80203	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gerald Raskin	
5.3 STREET ADDRESS	1400 Glenarm Place 3rd Floor	
5.4 CITY-ST-ZIP	Denver CO 80202	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: *Maurice Mensale* (MAURICE MENSAL) 4-28-99 554-421-8450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (939) 741