

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003525 (1)**

1. Corporation Name

**APH MANAGEMENT, INC.**



Principal Place of Business

Mailing Address

**3050 POST OAK BLVD., STE. 1160  
 HOUSTON TX 77056**

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 HOUSTON TX 77056**

2. Principal Place of Business

21 **100 Congress Ave.**

Suite, Apt. #, etc.

22 **Suite 1010**

City & State

23 **Austin, TX**

Zip

24 **78701**

Country

25

2a. Mailing Address

26 **100 Congress Ave.**

Suite, Apt. #, etc.

27 **Suite 1010**

City & State

28 **Austin, TX**

Zip

29 **78701**

Country

30

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
 390 N ORANGE AVE., STE. 1100  
 ORLANDO FL 32801**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**07/21/1995**

3a. Date of Last Report

4. FET Number

**76-0461613**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 fee, if applicable

(If the Registered Agent Signature is typed, check this box)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>PALMER, CHARLES B</b>	
STREET ADDRESS	<b>950 N. ORLANDO AVE., STE. 320</b>	
CITY- ST- ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BOBINCHUCK, ROBERT M</b>	
STREET ADDRESS	<b>950 N. ORLANDO AVE., STE. 320</b>	
CITY- ST- ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, CONSTANCE</b>	
STREET ADDRESS	<b>950 N. ORLANDO AVE., STE. 320</b>	
CITY- ST- ZIP	<b>WINTER PARK FL 32789</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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: *Constance A. Jones* **Constance A. Jones** Asst. Corp. Sec. 4/02/96 407-628-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)