

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003525 (1)

1. Corporation Name
APH MANAGEMENT, INC.



Principal Place of Business 950 N. ORLANDO AVE. SUITE 320 WINTER PARK FL 32789 US	Mailing Address P.O. BOX 4961 ORLANDO FL 32802-4961
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1995	
21	22	26	27	4. FEI Number 76-0461613	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N ORANGE AVE., STE. 1100 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BOBINCHUCK, ROBERT	1.2 NAME	
STREET ADDRESS	100 CONGRESS AVE., SUITE 1010	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	SIT ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, CHARLES B	2.2 NAME	Charles B. Palmer
STREET ADDRESS	950 N. ORLANDO AVE., SUITE 320	2.3 STREET ADDRESS	950 N. Orlando Ave., Ste. 320
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRONE, PRESTON	3.2 NAME	
STREET ADDRESS	950 N. ORLANDO AVE., STE. 320	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	John Boyd
STREET ADDRESS		4.3 STREET ADDRESS	100 Congress Ave., Ste. 1010
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Austin, TX 78701
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Preston Perrone* Preston Perrone, VP (407) 628-4544

CR2E034 (10/97)