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PECHLIARY OF STATE IALLAMASSEF, FLORIDA

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9500003525**1. Corporation Name

APH MANAGEMENT, II	NC.
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Principal Plac	o of Rusiness	Mailing Address		1 1881/88 1116 18161 81111 00116 18141 80111 00116	19406 JUNE BHU 1100 JUNE 1861
950 N. ORLAND SUITE 320		P.O. BOX 4961 ORLANDO FL 32802-4961			
WINTER PARK	FL 32789	CHEMICO TE GEGE TICT		DO NOT WRITE IN THIS	SISPACE
US				Date Incorporated or Qualifed	
		r		07/21/1995	
	Place of Business	2a. Mailing Address		4. ££1 Number	Applied For
Suite, Apt	# ata	Suite Apt #, etc		76-0461613	Not Applicable 88.75 Additional
22 Suite, Apr	#, etc.	27		5. Certificate of Status Desired 💢	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes the current year in	tangible
24	25	L - L	30	Personal Property Tax	XIYes []No
	9. Name and Address of Current I	Registered Agent	loal was	10. Name and Address of New Registered	Agent
B&C	CORPORATE SERVICES OF CENT	TRAL FLORIDA	81 Nanie		
	N ORANGE AVE., STE. 1100	110212011011	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ANDO FL 32801		83		-
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	L I s, the above named corpo	oration submits this statement for the purpose o	 I I I I I I I I I I I I I I I I I I I
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was aut	thorized by the corporatio	on's board of directors. I hereby accept the appo	intment as registered
ĺ	an fathing with and accept the obligation	na bi, beenon cor acces, rion	an Biologica		
SIGNATURE	Signature, typed or printed name of registered a post a	ration displication (NOTE F	Registere I Agentis Joo' Schequied	twinnie, string. DATE	
12.	OFFICERS AND	· ·	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	[1 DELETÉ	11 TITLE		KiChange [Addion
NAME	BOBINCHUCK, ROBERT	40	12 NAME	8 SAN MACINTO ALUD, SVIR	4. 200
STREET ADDRESS	100 CONGRESS AVE., SUITE 10	10		SAR SACINICALOR, OFTH	7710
CITY-ST-ZIP TITLE	AUSTIN TX 78701 STD	[DELETE	14 Crty - \$1 - ZiP 2 1 TO LE		[] Change [] Addition
NAME	PALMER, CHARLES B	[Dett.	2.7 NAME	egnng2859	
STREET ADDRESS	950 N. ORLANDO AVE., SUITE 3	20	23 STREE! ADDRESS	-04/30/99	01145021
CITY-ST-ZIP	WINTER PARK FL 32789	LV	2 4 City-\$1-ZiF	****158.75	
TITLE	VP	[] DELETE	3 % TITLE	****139,10	[Change [Addition
NAME	PERRONE, PRESTON		3.2 NAME		
STREET ADDRESS	950 N. ORLANDO AVE., STE. 320	0	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		34 City-51-ZiP		Í
TITLE &	VP/ A A	DELETE	4 1 TITLE		[Change [Add+ion
NAME	BQ [†] YØ/JQ q IN /	•	4.2 NAME		
STREET ADDAESS	100 CONGBESS AVE/SHE 1010	∕ 1	43 STREE LADORESS		
CITY-ST-ZIP	AUSTIN TX 78701		4.4 CITY+ST+ZiP		6.00
TITLE		[] DELETE	5 1 TiTLE		[] Change [] Addition
NAME	}		5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Electro	54 CHY-ST-ZIF: 61 THTLE		Filonopae Filonopae
TITLE		[DELETE	62 NAME		[Change
NAME			6.3 STREET ADDRESS		~
STREET ADDRESS			0.1.2 LREG 1 WYDRE-22		

14. Thereby 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 function of this annual report as 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 of 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 charging or the tracking them with an address, with all other like empowered.

SIGNATURE:

4/20/99

407-628-4544