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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000003525

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24

26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 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

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 of applicant

(NOTE: Registered Agent's job is required whether changing)

DATE

12. OFFICERS AND DIRECTORS

Table with columns for Title, Name, Street Address, City-St-Zip. Includes entries for BOBINCHUCK, ROBERT; PALMER, CHARLES B; PERRONE, PRESTON; BOYD, JOAN.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

98 SAN FACINTO BLVD, SUITE 710

*****2859518--1 -04/30/99--01145--021 *****158.75 *****158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if an attachment with an address, with all other like empowered

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/23/99 767-628-4544

CR2E034 (11/98)

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DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified 07/21/1995
4. FEI Number 76-0461613 Applied For Not Applicable
5. Certificate of Status Desired X \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax X Yes [] No
10. Name and Address of New Registered Agent