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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004331 (3)

1. Corporation Name

APT TAMPA/ORLANDO, INC.

FILED

97 JUN 24 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8410 W. BRYN MAWR AVE.
CHICAGO IL 60631

Mailing Address

8410 W. BRYN MAWR AVE.
CHICAGO IL 60631-3402

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
WARKENTIN, DON
STREET ADDRESS 8410 W. BRYN MAWR AVE.
CITY-ST-ZIP CHICAGO IL 60631

TITLE ☐ DELETE

NAME VTD
HORNACEK, RUDOLPH E
STREET ADDRESS 8410 W. BRYN MAWR AVE.
CITY-ST-ZIP CHICAGO IL 60631

TITLE ☐ DELETE

NAME S
HRON, MICHAEL G
STREET ADDRESS 1 FIRST NATIONAL PLAZA
CITY-ST-ZIP CHICAGO IL 60603

TITLE ☐ DELETE

NAME V
SMITH, CLARKE
STREET ADDRESS 8410 W BRIN MAWR SUTE 1100
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

& Clarke

6/18/97

(722) 490-7815

CR2E034 (9/96)

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June 18, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: FEIN 36-4027569
APT Tampa/Orlando, Inc.

Dear Sir or Madam::

Enclosed is our Florida Profit Corporation Annual Report for 1997. We respectfully request that the Division of Corporation accept this report with the payment of \$ 165.00. APT Tampa/Orlando did not receive this form until recently and is filing this form at the earliest possible time.

In addition., the FEI number on this for should be corrected to 36-4027569.

Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Arthur J. Summerson".

Arthur J. Summerson
Tax Accountant
(773) 399-7915