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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

H28852

(2)

ATLANTIC PORTFOLIO ANALYTICS & MANAGEMENT, INC.

FILED Mar 26 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address		1981944 \$110 11991 19101 19191 1917 1	HAN BIBN BIBN BIBN BIBN HBR
201 E PINE ST		201 E PINE ST			
600		STE 600		DO NOT WRITE IN TH	HC CDACE
ORLANDO FL 32801 US		ORLANDO FL 32806 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
- 00		00		11/01/1984	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2896050	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the	· · · · · · · · · · · · · · · · · · ·
24	25	29 3	o	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registers	ed Agent
RAX CO			81 Name	EALL JOHN	
50 N LAURA STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
3400 BARNETT CENTER			83	1 E. PINE ST. SUI	76 600
JAC	CKSONVILLE FL 32202		63	•	
			84 City	LANDO F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na					
11. Pursuant to the provisions of Societies 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 JOHN P. JEAU 1/7/18					
SIGNATORE	Signature, typed or printed have of registered		Registered Agent signature require	ed when reinstating) DATE	710
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DV	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME OVEREZ ADDRESS	KNIGHT, JON M. 201 E PINE ST 600		1.2 NAME		
STREET ADDRESS	ORLANDO FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DP CHILDREN	☐ DELE TE	1.4 City-St-ZIP 2.1 Title		Change Addition
NAME	HUGGINS, J. A.		2.2 NAME		
STREET ADDRESS	201 E PINE ST 600		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		i
TITLE	Ō	☐ DELETE	3.1 TITLE	- 1	☐ Change ☐ Addition
NAME	Barker, Donald J.		3.2 NAME		·
STREET ADDRESS	201 E PINE ST 600		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE S	ecretary	Change XX Addition
NAME				lice Theall	
STREET ADDRESS				01 E Pine Street, Suite	600
CITY-ST-ZIP			4.4 CITY-ST-ZIP O	rlando, FL 32801	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

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 epipowered 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 oddress.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP