

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H54321** (5)

1. Corporation Name

A.I.P.O., INC.



Principal Place of Business

**200 E. ROBINSON ST., STE. 920
ORLANDO FL 32801**

Mailing Address

**200 E. ROBINSON ST., STE. 920
ORLANDO FL 32801**

2. Principal Place of Business

21 255 South Orange Avenue

Suite, Apt. #, etc.

22 Suite 1220

City & State

23 Orlando, Florida

Zip

24 32801

Country

25 USA

2a. Mailing Address

26 255 South Orange Avenue

Suite, Apt. #, etc.

27 Suite 1220

City & State

28 Orlando, Florida

Zip

29 32801

Country

30 USA

3. Date Incorporated or Qualified
04/29/1985

3a. Date of Last Report
03/27/1995

4. FEI Number

59-3014694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WEBB, DANIEL B.
200 E. ROBINSON STREET
SUITE 920
ORLANDO FL 32801-8960**

10. Name and Address of New Registered Agent

81 Name **S. Paul Sabga**

82 Street Address (P.O. Box Number is Not Acceptable)
255 South Orange Avenue

83 Suite 1220

84 City
Orlando

FL

85 Zip Code
32801

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

S. Paul Sabga - PRES.

2/20/96

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☒ DELETE
NAME **WEBB, DANIEL B.**
STREET ADDRESS **200 E ROBINSON ST #920**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **DPS** ☒ Change ☐ Addition
1.2 NAME **S. Paul Sabga**
1.3 STREET ADDRESS **255 South Orange Avenue, Suite 1220**
1.4 CITY-ST-ZIP **Orlando, FL 32801**

2.1 TITLE **DV** ☐ Change ☒ Addition
2.2 NAME **Joseph A. Sabga**
2.3 STREET ADDRESS **7280 W. Palmetto Park Road, Suite 306N**
2.4 CITY-ST-ZIP **Boca Raton, FL 33433**

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

**100001752981
--03/21/96--01078--005
***200.00**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Joseph A. Sabga, Vice President

01/26/96

(407)392-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

15-320-96

CR2E034 (12/95)