

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

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K28467 (4)

1. Corporation Name
APSAA INC

Principal Place of Business
282 S.R. 434
LONGWOOD FL 32750

Mailing Address
282 S.R. 434
LONGWOOD FL 32750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1988	
21 1014 N SEMINOLE BLVD	26 1403 ALLISON AVE	4. FEI Number 59-2929737		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 CASSELBERRY FL.		28 ALTAMONTE SPRINGS FL.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32707	25 USA	29 32701	30 USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MATHUR, VISHNU NARAIN 1102 N. BERMUDA AVENUE KISSIMMEE FL 32741		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VICE PRES / SECRETARY
NAME	BHALLA, AJAY SINGH	1.2 NAME	UMA BHALLA
STREET ADDRESS	1403 ALLISON AVE.	1.3 STREET ADDRESS	1403 ALLISON AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL. 32701
TITLE	VD	2.1 TITLE	
NAME	BHALLA, AMAR SINGH	2.2 NAME	
STREET ADDRESS	71 THE HEIGHTS, NORTHOLT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLESEX, UK	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	WILLIAMS, LOUIE C	3.2 NAME	
STREET ADDRESS	505 PALMETTO AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 on an attachment with an address.

SIGNATURE: _____ 4/2/98 49-331-778

CR2E034 (10/97)