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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # K58405

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90025 038 ***150.00

APEX CC	INSTRUCTION CO., INC.									
Principal Place	e of Business	Maili	ng Address				- I (2010/11 09) OXIOI (0/11 0/11 0/11 0/11 0		711 61611 611	THE MEMBER COMM
125 S SWOOPE	AVE	125 S	125 S SWOOPE AVE							
SUITE 108 SUITE			TE 108				DO NOT WIRIT	E IN THIS SDA	CE	
MAITLAND FL 3	12751		MAITLAND FL 32751			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		US	05			01/12/1989			}	
		20.6	A-III-a Addroop				4. FEI Number	 ,	TTAnn	lied For
	lace of Business		failing Address				59-2932531			Applicable
21 Suite Ant	# -1-	26	uite, Apt. #, etc.					<u> </u>	8.75 A	
Suite, Apt.	#, etc.	27	27				5. Certificate of Status Desired	11 7	Fee Rec	-
City & State	e		City & State				6. Election Campaign Financing	1 1	\$5.00 h	
23		28					Trust Fund Contribution		Added to	Fees
Z i p	Country		ip	Cou	ntry		8. This corporation owes the curre	nt year Intangit □'		□No
24 25		29	30				Personal Property Tax.			71100
	9. Name and Address of Curre	ent Registe	red Agent		81	Name	10. Name and Address of New Ro	egistered Agei		
RDA!	DFORD, CARTER A.				•	Name				
	HILLCREST ST		!			Street Add	ress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801					83					
					04	City		8	5 Zip C	ode
					84	City		FL "	,,	,
agent. I a	m familiar with, and accept the oblig	gations of, S	ection 607.0505, FIO	nda Stati	ites.		on's board of directors. I hereby accepted when reinstalling)	DATE		
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFF			
TITLE	P		☐ DELETE	1.1 717	LE				Change	☐ Addition
NAME	TEAGUE, W. MICHAEL			1.2 NA	ME					
STREET ADDRESS	125 S SWOOPE AVE., SUITE	108	08 13 STREET ADD			ADDRESS				ł
CITY-ST-ZIP	MAITLAND FL		1.4 C			ZIP				
TITLE			☐ DELETE 2.		2.1 TITLE				Change	☐ Addition
NAME				2 2 NA	ME					
STREET ADDRESS			معير يبليامان ينيه	- 2.3 ST	REETA	ADDRESS				· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP				2. 4 C	TY-ST	-ZIP				
TITLE			☐ DELETE	3.1 TF	rLE			Li	Change	Addition
NAME				3.2 NA	ME	•				
STREET ADDRESS				3.3 ST	REET	ADDRESS				\
CITY-ST-ZIP				3,4. C	TY-ST	-ZIP		_ _		
TITLE			☐ DELETE	: 4.1 T∏	TLE			لہا	Change	☐ Addition
NAME				4. 2 N	AME	İ				
STREET ADDRESS				4.3 S1	REET	ADDRESS				-
CITY-ST-ZIP					TY-ST-	ZIP			Channe	
TITLE			☐ DELETE	5.1 TI		-		Ц	Change	Addition {
NAME				5.2 NA						1
STREET ADDRESS						ADDRESS			-]
CITY-ST-ZIP					TY-ST-	ZIP			Chares	Addition
TMLE			□ DELETE	6.1 TI	ILE	1		⊔	Change	☐ Addition

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 engagement of the 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR