FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01422** **(9)**

1. Corporation Name
APEC/TECON, INC.

Principal Place of Business	Mailing Address
2200 CORPORATE BLVD. N.W. STE. 406 BOCA RATON FL 33431	3225 AVIATION AVE. STE. #501 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1989
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 3225 Aviation Avenue
22 Suite, Apt. #, etc: 501
23 City & State: Miami, Florida
24 Zip: 33133
25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0240878 ☐ 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 C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J.
1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JOHN	12 NAME	
STREET ADDRESS	~~2200 CORPORATE BLVD. N.W., 406~~	13 STREET ADDRESS	3225 Aviation Ave., Ste 501
CITY ST ZIP	~~BOCA RATON FL 33431~~	14 CITY ST ZIP	Miami, Florida 33133
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, RICHARD	22 NAME	
STREET ADDRESS	~~2200 CORPORATE BLVD. N.W. #406~~	23 STREET ADDRESS	3225 Aviation Ave., Stuie 501
CITY ST ZIP	~~BOCA RATON FL 33431~~	24 CITY ST ZIP	Miami, Florida 33133
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	SHELDON, ISRAEL	32 NAME	
STREET ADDRESS	~~2200 CORPOARTE BLVD. N.W. #406~~	33 STREET ADDRESS	3225 Aviation Ave., Ste 501
CITY ST ZIP	~~BOCA RATON FL 33431~~	34 CITY ST ZIP	Miami, Florida 33133
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, AREK	42 NAME	
STREET ADDRESS	~~2200 CORPORATE BLVD. N.W. 406~~	43 STREET ADDRESS	3225 Aviation Ave., Ste 501
CITY ST ZIP	~~BOCA RATON FL 33431~~	44 CITY ST ZIP	Miami, FL 33133
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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, added or deleted.

SIGNATURE: _____ 4-7-95 (305)860-N44
PRINCIPAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136026 CP