

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Whitman
Secretary of State
Tallahassee, Florida 32399-0400

**APPROVED
AND
FILED**

95 MAY -1 PM 9:15

DOCUMENT # **L15691** (3)
ALLIED PROFESSIONAL PURCHASING ASSOCIATIONS, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 10300 SUNSET DR. STE. 303 MIAMI FL 33173 US
Mailing Address: 10300 SUNSET DR. STE. 303 MIAMI FL 33173 US

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date incorporated in (Quarter) | 3a. Date of Last Report |
| 09/14/1989 | 06/17/1994 |
| 4. FEI Number | Applied Fee |
| 65-0154500 | Not Applicable |
| 5. Certificate of Status: District | \$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. 194.01(2) Florida Statutes. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|---------------------------------|-----------------------|
| 21. Principal Place of Business | 26. Mailing Address |
| 22. State Apt. # etc. | 27. State Apt. # etc. |
| 23. City & State | 28. City & State |
| 24. Zip | 29. Zip |
| 25. Locality | 30. Locality |

9. Name and Address of Current Registered Agent
**KRAMER, ROBERT M.
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

| |
|--|
| B1. Name |
| B2. Street Address, P.O. Box Number or Post Office |
| B3. City |
| B4. State |
| B5. Zip Code |

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(2)(b) 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. Each 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 Sections 607.01(2)(b) Florida Statutes.

SIGNATURE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL OFFICERS, DIRECTORS, AND SHAREHOLDERS | |
|----------------------------|---|--|---|
| NAME | DP FINK, MORRIS 8306 MILLS DRIVE #246 MIAMI FL | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 2. STREET ADDRESS | |
| CITY | | 3. CITY | |
| STATE | | 4. STATE | |
| ZIP | | 5. ZIP | |
| NAME | DSV GELMAN, RICHARD 8966 SW 87TH CT MIAMI FL | 6. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY | | 8. CITY | |
| STATE | | 9. STATE | |
| ZIP | | 10. ZIP | |
| NAME | DT NAHMAD, RAYMEND 1931 NW 53RD ST. MIAMI FL | 11. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 12. STREET ADDRESS | |
| CITY | | 13. CITY | |
| STATE | | 14. STATE | |
| ZIP | | 15. ZIP | |
| NAME | | 16. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 17. STREET ADDRESS | |
| CITY | | 18. CITY | |
| STATE | | 19. STATE | |
| ZIP | | 20. ZIP | |

14. I hereby certify that the information supplied with this filing is substantially true and correct, and equally for the foregoing as stated in Sections 607.01(2)(b) Florida Statutes. I affirm and certify that the information is complete for this annual report or supplementary annual report as filed, and is correct, and that the signatories shall bear the same responsibility and make good thereon. That signatories shall also bear the responsibility for the registration of changes in the report as required by Sections 607.01(2)(b) Florida Statutes, and that the same applies to the signatories of the report as required by Sections 607.01(2)(b) Florida Statutes.

SIGNATURE: *Morris Fink*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MORRIS FINK 5/1 215 596-9620