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Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L58569 (9)

1. Corporation Name
APAG ORLANDO, INC.

Principal Place of Business	Mailing Address
7512 DR. PHILLIPS BLVD. SUITE 50-301 ORLANDO, FL 32819 US	7512 DR. PHILLIPS BLVD. SUITE 50-301 ORLANDO, FL 32819 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

3. Date Incorporated or Qualified: 03/20/1990

4. FEI Number: 59-3024030 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'NEAL, JAMES T. JR.
6100 TARAWOOD DRIVE
ORLANDO, FL 32819

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 _____ (S)(F) Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	O'NEAL, JAMES T. JR.		1.2 NAME		
STREET ADDRESS	6100 TARAWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	ROACH, C.J.		2.2 NAME		
STREET ADDRESS	1 INDIANA BANK SQUARE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	GROUNDHOEFER, BRYAN J		3.2 NAME		
STREET ADDRESS	1 INDIANA BANK SQUARE		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	BAKER, PATRICK J.		4.2 NAME		
STREET ADDRESS	11550 N. MERIDIAN ST, STE 393		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL, IN		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: JAMES T. O'NEAL, JR. 6/19/98 407-876-6564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #