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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11638

1. Corporation Name

ASSOCIATION OF PUBLIC CORPORATIONS, INC.

Principal Place of Business

701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

Mailing Address

C/O LESLIE J. CROLAND
701 BRICKELL AVENUE #2000
MIAMI FL 33131
US



2. Principal Place of Business

21 1320 South Dixie Highway

Suite, Apt. #, etc.

22 Suite 841

City & State

23 Coral Gables, FL

Zip

24 33146

Country

25 USA

2a. Mailing Address

26 C/O Leslie J. Croland

Suite, Apt. #, etc.

27 200 South Biscayne Blvd.

City & State

28 Miami, FL 33

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

10/17/1985

4. FEI Number

59-2645179

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

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Leslie J. Croland

82 Street Address (P.O. Box Number is Not Acceptable)

Steel Hector & Davis LLP

83 200 South Biscayne Blvd.

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D PEKOR, ALLEN
STREET ADDRESS C/O 700 NW 107TH AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME PD HONIG, BURTON A.
STREET ADDRESS 5980 MIAMI LAKES DR.
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE

NAME SD CROLAND, LESLIE J.
STREET ADDRESS 701 BRICKELL AVE. #2000
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME TD CONNOR, JOHN F.
STREET ADDRESS 2 S. BISCAYNE BLVD #2800
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

305.577.7095

Date

Daytime Phone #

CR2E037 (11/98)