


FILE NOW: FILING FEE IS \$61.25

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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90054 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N21402					
1. Corporation Name THE AMERICAN PSYCHOLOGICAL PRACTITIONERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1585 CAPE CANAVERAL FL 32920			Mailing Address P.O. BOX 1585 CAPE CANAVERAL FL 32920		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/23/1987	
				4. FEI Number 10-1223942	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PORTE, ROBERT, S. PH.D. 777 S STATE RD 7 SUITE B MARGATE FL 33068				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 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 Robert S. Porte, Ph.D. Robert S. Porte, Ph.D. 5 JAN 1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRADY, J.T.			1.2 NAME			
STREET ADDRESS	110 POLK AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL			1.4 CITY-ST-ZIP			
TITLE	TSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORTE, R.			2.2 NAME			
STREET ADDRESS	777 S. STATE RD. 7 STE B			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOLLOY, R G			3.2 NAME			
STREET ADDRESS	2907 JEFFERSON STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCONUT GROVE FL 33133			3.4 CITY-ST-ZIP			
TITLE	FL 32920	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	P.O. BOX 1585			4.2 NAME			
STREET ADDRESS	CAPE CANAVERAL FL			4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PD			5.2 NAME			
STREET ADDRESS	PD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PD			5.4 CITY-ST-ZIP			
TITLE	110 POLK AVENUE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPE CANAVERAL FL			6.2 NAME			
STREET ADDRESS	CAPE CANAVERAL FL			6.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL			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 John Grady John Grady 5 JAN 99 407783-8071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)