

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24010** (3)

1. Corporation Name
APCO INSTITUTE, INC.



Principal Place of Business: **2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119**
Mailing Address: **2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119**

3. Date Incorporated or Qualified: **12/21/1987**
3a. Date of Last Report: **02/03/1995**

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

4. FEI Number: **59-2895017**
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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**RAND, JAMES R.
2040 SOUTH RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: *James R. Rand* **JAMES R. RAND, SECRETARY** **JAN 31, 1996** DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, MARILYN	
STREET ADDRESS	100 S. HUGHEY AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROCTOR, STEVEN H.	
STREET ADDRESS	6000 STATE OFFICE BLDG.	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, ROSS	
STREET ADDRESS	2803-156TH AVE SE	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNEIL, JOSEPH	
STREET ADDRESS	119 DEPOT RD. W.	
CITY-ST-ZIP	WEST HARWICH MA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RAND, JAMES R	
STREET ADDRESS	2040 S RIDGEWOOD AVE	
CITY-ST-ZIP	S DAYTONA FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ward, Marilyn	
13 STREET ADDRESS	100 S. Hughey Ave.	
14 CITY-ST-ZIP	Orlando FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	600001772646	
23 STREET ADDRESS	-04/08/96--01084--001	
24 CITY-ST-ZIP	***70.00	
31 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Morris, Ross	
33 STREET ADDRESS	2803-156th Ave SE	
34 CITY-ST-ZIP	Bellevue WA	
41 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	McNeil, Joseph	
43 STREET ADDRESS	119 Depot Rd. W.	
44 CITY-ST-ZIP	West Harwich MA	
51 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Rand, James R	
53 STREET ADDRESS	2040 S Ridgewood Ave	
54 CITY-ST-ZIP	S Daytona FL 32119	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Keating, J.T.	
63 STREET ADDRESS	2040 S Ridgewood Ave	
64 CITY-ST-ZIP	South Daytona, FL 32119	

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)(k), 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.

SIGNATURE: *James R. Rand* **JAMES R. RAND, Secretary** **JAN 31, 1996** (904) 322-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTONA PHONE #

CR2E037 (12/95) 4-8-96