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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32119-2241
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1987	3a. Date of Last Report 04/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2895017	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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* DATE **6/18/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	KEATING, J.T.	
STREET ADDRESS	2040 S. RIDGEWOOD AVE..	
CITY - ST - ZIP	SOUTH DAYTONA FL 32119	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, ROSS	
STREET ADDRESS	2803-158TH 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	S	<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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	900002221189--1
1.4 CITY - ST - ZIP	-06/24/97--01048--004
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	*****70.00 *****70.00
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>A. Allen</i>
5.3 STREET ADDRESS	6/20/97
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Joe Hanna
6.3 STREET ADDRESS	2040 S Ridgewood Ave
6.4 CITY - ST - ZIP	South Daytona FL 32119

14. I do 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.

James R. Rand

CR2E037 (9/96)