


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 12/21/1987	
4. FEI Number 59-2895017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 Christopher Bevevino	
82 Street Address (P.O. Box Number is Not Acceptable) 2040 South Ridgewood Ave	
83	
84 City South Daytona	85 Zip Code FL 32119

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]* Chief Financial Officer 5/1/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WARD, MARILYN		1.2 NAME Lyle Gallager	
STREET ADDRESS 100 S. HUGHEY AVE.		1.3 STREET ADDRESS 2040 S. Ridgewood Ave.	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP S. Daytona, FL 32119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEATING, J.T.		2.2 NAME	
STREET ADDRESS 2040 S. RIDGEWOOD AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH DAYTONA FL 32119		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HANNA, JOE		3.2 NAME	
STREET ADDRESS 2040 S. RIDGEWOOD AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH DAYTONA FL 32119		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCNEIL, JOSEPH		4.2 NAME	
STREET ADDRESS 119 DEPOT RD. W.		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST HARWICH MA		4.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAND, JAMES R		5.2 NAME Christopher Bevevino	
STREET ADDRESS 2040 S RIDGEWOOD AVE		5.3 STREET ADDRESS 2040 South Ridgewood Ave	
CITY-ST-ZIP S DAYTONA FL 32119		5.4 CITY-ST-ZIP South Daytona FL 32119	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* Chief Financial Officer 5/1/98 904 322-2500

CR2E037 (10/97)