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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24010
 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/21/1987	4. FEI Number 59-2895017	Applied For Not Applicable
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9. Name and Address of Current Registered Agent BEVINO, CHRISTOPHER 2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119	10. Name and Address of New Registered Agent 81 Name Ramsey, John 82 Street Address (P.O. Box Number is Not Acceptable) 2040 S Ridgewood Ave 83 84 City South Daytona FL 85 Zip Code 32119
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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]* (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: GALLAGER, LYLE STREET ADDRESS: 2040 S RIDGEWOOD AVE CITY-ST-ZIP: S DAYTONA FL 32119	1.1 TITLE: D	NAME: Gallager, Lyle 1.2 STREET ADDRESS: 2040 S Ridgewood Ave 1.3 CITY-ST-ZIP: South Daytona FL 32119
TITLE: D	NAME: KEATING, J.T. STREET ADDRESS: 2040 S. RIDGEWOOD AVE... CITY-ST-ZIP: SOUTH DAYTONA FL 32119	2.1 TITLE: D	NAME: Keating, J. T. 2.2 STREET ADDRESS: 2040 S Ridgewood Ave 2.3 CITY-ST-ZIP: South Daytona FL 32119
TITLE: D	NAME: HANNA, JOE STREET ADDRESS: 2040 S. RIDGEWOOD AVE. CITY-ST-ZIP: SOUTH DAYTONA FL 32119	3.1 TITLE: D	NAME: Hanna, Joe 3.2 STREET ADDRESS: 2040 S Ridgewood Ave 3.3 CITY-ST-ZIP: South Daytona FL 32119
TITLE: D	NAME: MCNEIL, JOSEPH STREET ADDRESS: 119 DEPOT RD. W. CITY-ST-ZIP: WEST HARWICH MA	4.1 TITLE: D	NAME: Nash, Glen 4.2 STREET ADDRESS: 2040 S Ridgewood Ave 4.3 CITY-ST-ZIP: South Daytona FL 32119
TITLE: S	NAME: BEVINO, CHRISTOPHER STREET ADDRESS: 2040 S RIDGEWOOD AVE CITY-ST-ZIP: S DAYTONA FL 32119	5.1 TITLE: S	NAME: Ramsey, John 5.2 STREET ADDRESS: 2040 S Ridgewood Ave 5.3 CITY-ST-ZIP: South Daytona FL 32119
TITLE: []	NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	6.1 TITLE: []	NAME: [] 6.2 STREET ADDRESS: [] 6.3 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)(l), 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]* SIGNATURE REQUIRED
 DATE: 4/28/99
 Daytime Phone #

CR2E037 (1/98)