

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:31

DOCUMENT # N24943 (5)
1. Corporation Name
APCO AUTOMATED FREQUENCY COORDINATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1988	3a. Date of Last Report 02/11/1994
4. FEI Number 59-2894473	Applied For Not Applicable
5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
RAND, RONNIE
2040 S. 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
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, ROSS 2803 156 ST., S.E. BELLEVUE WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTZ, ROBERT 568 E. 43 ST. SOUTH OGDEN UT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, MICHAEL DIV. OF COMMUNICATIONS LINCOLN NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILE, VINCENT YAPHANK AVE. YAPHANK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTERFIELD, CAL 2017 AVILLA VICINAGE RD ALEXANDER AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAND, RONNIE 2040 S. RIDGEWOOD AVENUE 80. DAYTONA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven H. Proctor
2.3 STREET ADDRESS	6000 State Office Bldg.
2.4 CITY-ST-ZIP	Salt Lake City, UT 84114
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marilyn Ward
3.3 STREET ADDRESS	100 S. Hughey Ave.
3.4 CITY-ST-ZIP	Orlando, FL. 32801
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph McNeil
4.3 STREET ADDRESS	119 Depot Rd.
4.4 CITY-ST-ZIP	West Harwich, MA 02671
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Remove
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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, Exec. Dir. 1/20/95 (904) 322-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR