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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 # N24943 (5)
 1. Corporation Name
APCO AUTOMATED FREQUENCY COORDINATION, 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 02/22/1988	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2894473		

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

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. 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	

9. Name and Address of Current Registered Agent

RAND, JAMES R
2040 S. 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)
83 2040 South Ridgewood Ave
84 City South Daytona FL
85 Zip Code 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]* **Signature, typed or printed name of registered agent and title if applicable** (NOTE: Registered Agent signature required when reinstating) DATE: **5/1/98**

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MORRIS, ROSS	
STREET ADDRESS 2803 156 ST., S.E.	
CITY-ST-ZIP BELLEVUE WA	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WARD, MARILYN	
STREET ADDRESS 100 S. HUGHEY AVE.	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE D	<input type="checkbox"/> DELETE
NAME MCNEIL, JOSEPH	
STREET ADDRESS 119 DEPOT RD.	
CITY-ST-ZIP WEST HARWICH MA 02671	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME RAND, JAMES R	
STREET ADDRESS 2040 S. RIDGEWOOD AVE	
CITY-ST-ZIP SOUTH DAYTONA FL 32119	
TITLE D	<input type="checkbox"/> DELETE
NAME KEATING, J T	
STREET ADDRESS 2040 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP SOUTH DAYTONA FL 32119	
TITLE D	<input type="checkbox"/> DELETE
NAME HANNA, JOE	
STREET ADDRESS 2040 S. RIDGEWOOD AVE.	
CITY-ST-ZIP SOUTH DAYTONA FL 32119	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Lyle Gallager	
1.3 STREET ADDRESS 2040 S. Ridgewood Ave.	
1.4 CITY-ST-ZIP S. Daytona, FL 32119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
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 P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Christopher Bevevino	
4.3 STREET ADDRESS 2040 South Ridgewood Ave	
4.4 CITY-ST-ZIP South Daytona FL 32119	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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]* **Signature, typed or printed name of registered agent and title if applicable** DATE: **604 222-2571**

CR2E037 (10/97)