FILE	NOW: FILING FEE AI		APPROVE	f)					
P CORF ANNUA	PROFIT PORATION JAL REPORT Secretary DIVISION OF C			F STATE		99 OCT 26 PM	-		
DOCUMENT # P93000032726  1. Corporation Name  AEP, INCORPORATED						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place 6750 FORUM DR SUITE 310 ORLANDO FL 32:	TE 310 SUITE 310					DO NOT WI	RITE IN THIS S	PACE	
us 	US					<ol> <li>Date Incorporated or Qualife 05/03/1993</li> </ol>	d		
2. Principal Pla	ce of Business	2a. Mailing Address			ļ	4. FEI Number		Applied	
21		26				59-3181780		Not App	
22	Suite. Apt. #, etc         Suite, Apt. #, etc           27         City & State         City & State				_	5. Certificate of Status Desired		\$8.75 Additi	ed
Zip	28					Election Campaign Financing     Trust Fund Contribution		\$5.00 May Added to Fe	
24				ιγ	l	<ol><li>This corporation owes the cu Personal Property Tax.</li></ol>		ngible ∐Yes ∐N	lo I
<u> </u>	9. Name and Address of Current		10			10. Name and Address of New			· <del>·</del>
PANTINA, JAMES J P.E. <del>5210 S. Orange Avenue</del> Edgewood Fl 32800				2		S (P.O. Box Number is Not Accepted by M. D. IVE	otable)		
	1	7	-	SUT	E :	310	<u> </u>	85 Zip Code	
	the provisions of Sections (V) 0.4 gistered gent, or bob, in (V) state of familiar with, and recept by obligat	2 and 607.1508, Florida Statutes of Florida, Such change was aut io 6 of Section 607.0505, Florid	the about thorized to the Statute	we-named by the corposes.	corpora oration's	tion submits this statement for the board of directors. I hereby acc		hanging its register	stered red
SIGNATURE	ignature, typed or printed name pregistered agent	t and title if applicable. (NOTE: F	legistered A	ent signature t	required wit	nen reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTORS	N 12
THILE	Ø ,	☐ DELETE	1.1 TITU				2029	1 C 1 LJ	Addition
	PANTINA, JAMES J P.E. 3331 TIMUCUA CIRCLE		1.3 STRE	E EET ADORESS		000 <u>4</u> 17	097990 ∗758.75	)106201 ****758	
	ORLANDO FL 32837		14 CITY		ļ				
TITLE	D	☐ DELETE	2.1 TITL	_	100			Change [	Addition
	WARNER, CAROLYN J		2.2 NAM		BK	unk capolyn j	DEIVE		
	5224 CHISWICK CIRCLE ORLANDO FL 32812		2.3 STRE 2.4 OFF	ET ADDRESS	17.07	LANDO FL 3281	2.		
TITLE	CHECKE TE GEOTE	☐ DELETE	3.1 TITU		01	ANDO TO DO		☐ Change ☐	Addition
NAME			3.2 NAM	E	1			$\mathcal{A}$	!
STREET ADDRESS			3.3 STRE	EET ADORESS			7		ļ
CITY-ST-ZIP				-\$1- <b>Z</b> P			1	_	
TITLE		☐ DELETE	4.1 TITLE		-11	Sim	100 April 100 Ap		] Addition
NAME			4.2 NAM		rii.	1011		•	J
STREET ADDRESS				ET ADDRESS	7				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		<del> </del>			Change [	Addition
NAME			5.2 NAM				1		
STREET ADDRESS			5.3 STRE	ET ADDRESS			A 10	l)	- {

14. Thereby 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 each; that I am an officer or director of the coloration of the receiver or trustee empowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cheleged, or on an attachment and an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OR PENTED RAME OF SIGNING OFFICER OR DIRECTOR

LACTY-ST-ZP

1. Left CITY-ST-ZP

1.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Addition

CR2E034 (11/98)