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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 09 1997 8:00am

Secretary of State

0066727

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300036525 (2)

APEX PROFESSIONAL SERVICES, INC. Principal Place of Business Mailing Address 120 INTERNATIONAL PARKWAY 120 INTERNATIONAL PARKWAY SUITE 220 SLITTE 220 HEATHROW FL 32748-5049 HEATHROW FL 32746 3a. Date of Last Report 3. Date Incorporated or Qualified 05/20/1993 04/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3183518 21 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #. etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent rossi, anthonyatî 🥪 120 INTERNATIONAL PARKWAY Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 220 83 LAKE MARY FL 32748 City 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 Stpliature, typed or printed name of registered agont and site if applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition 1.1 TITLE DILLE CASTELLANO, GILLESPPE D NAME 12 NAME **CR2E034** 1800 MERCY DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY - ST-7IP DELETE Change Addition THE 21 TITLE ROSSI, ANTHONY W NAME 2.2 NAME **593 ALBANY PLACE** 2.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 2.4 CITY-ST-ZIP C(1Y+S1-2)P DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST-ZIF DELETE Change ___ Addition HILE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TILLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7P DELETE Спапре Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS OTY - \$1 - 719 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 oport or supplymental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attrictment of the responsibility.