

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000013335 (2)**

1. Corporation Name
API ENTERPRISES, INC.



Principal Place of Business
**10207 OSLIN ST.
TAMPA FL 33615**

Mailing Address
**10207 OSLIN ST.
TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 02/17/1994	
25 Country		30 Country		4. FEI Number 59-3225666 Applied For Not Applicable	
9. Name and Address of Current Registered Agent FAIRBANKS, CYNTHIA M 10207 OSLIN ST. TAMPA FL 33615		10. Name and Address of New Registered Agent 81 Name Cynthia M. Fairbanks 82 Street Address (P.O. Box Number is Not Acceptable) 10207 Oslin St 83 84 City Tampa 85 Zip Code 33615		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 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 **Cynthia M. Fairbanks** DATE **98 Feb 01**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPCAVAGE, ROBERT J	1.2 NAME	
STREET ADDRESS	10207 OSLIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, VANCE D	2.2 NAME	
STREET ADDRESS	10207 OSLIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, DENISE M	3.2 NAME	
STREET ADDRESS	10207 OSLIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, CYNTHIA M	4.2 NAME	
STREET ADDRESS	10207 OSLIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Cynthia M. Fairbanks** DATE: **98 Feb 01** (813) 882-0112
SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)