

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00****CORPORATION  
ANNUAL REPORT  
1995****FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS****FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS****95 FEB 22 AM 10: 07****DOCUMENT # P94000053263 (7)**

1. Corporation Name

**APEX COMPUTER TECHNOLOGIES, INC.**

Principal Place of Business

**802 A1A BEACH BLVD.  
ST. AUGUSTINE FL 32084**

Mailing Address

**802 A1A BEACH BLVD.  
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

**07/19/1994**

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP**DP  
TRINCA, LEONARD  
802 A1A BEACH BLVD.  
ST AUGUSTINE FL 32084**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP**DST  
TRINCA, RENEE  
802 A1A BEACH BLVD.  
ST AUGUSTINE FL 32084**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP☐ Change ☐ Addition

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 119.07(3)(b), 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #