FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068820 (7)**

1. Corporation Name

APONTE ENTERPRISES INC.

Principal Place of Business	Mailing Address
~~8213 TANGLEWOOD LANE~~ ~~TAMPA FL 33615~~	~~8213 TANGLEWOOD LANE~~ ~~TAMPA FL 33615~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1994	3a. Date of Last Report
4. FEI Number: 59-3266868	Applied For / Not Applicable
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. [X] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 3602 Cypress Meadows Rd.	26 P. O. Box 273992
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, Florida	28 City & State: Tampa, Florida
24 Zip: 33624 — 25 Country: US	29 Zip: 33688 — 30 Country: US

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 Section 607.1503 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	[X] Change [ ] Addition
NAME	APONTE, RAYMOND E	1 NAME	
STREET ADDRESS	~~8213 TANGLEWOOD LANE~~	1 STREET ADDRESS	3602 Cypress Meadows Rd.
CITY-ST-ZIP	~~TAMPA FL 33615~~	1 CITY-ST-ZIP	Tampa, FL 33624
TITLE	DVST	2 TITLE	[X] Change [ ] Addition
NAME	JONES, BELYNDA LOU	2 NAME	
STREET ADDRESS	~~8213 TANGLEWOOD LANE~~	2 STREET ADDRESS	3602 Cypress Meadows Rd.
CITY-ST-ZIP	~~TAMPA FL 33615~~	2 CITY-ST-ZIP	Tampa, FL 33624
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Belynda L Jones — 4/29/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Belynda L Jones

0207697 CP