

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000011186 (0)

1. Corporation Name

APH FINANCIAL SERVICES, INC.



Principal Place of Business

950 N. ORLANDO AVE.  
SUITE 220  
WINTER PARK FL 32789

Mailing Address

950 N. ORLANDO AVE.  
SUITE 220  
WINTER PARK FL 32789

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 Suite 320  
23 City & State

26 Suite, Apt. #, etc.  
27 Suite 320  
28 City & State

24 Zip  
25 Country

29 Zip  
30 Country

3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

4. FEI Number

59-3297211

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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801

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 principal officer or director

(NOTE: Registered Agent's signature is required when new status)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, CHARLES B	
STREET ADDRESS	950 N. ORLANDO AVE., STE. 220	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOBINCHUCK, ROBERT M	
STREET ADDRESS	3050 POST OAK BLVD., STE. 1160	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	CORPORATE SECRETARY	<input type="checkbox"/> DELETE
NAME	CONSTANCE ANN JONES	
STREET ADDRESS	950 NORTH ORLANDO AVENUE, #320	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	950 N. Orlando Ave., Suite 320
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100 Congress Ave., Suite 1010
2.4 CITY-ST-ZIP	Austin, TX 78701
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CORPORATE SECRETARY
3.3 STREET ADDRESS	CONSTANCE ANN JONES
3.4 CITY-ST-ZIP	950 NORTH ORLANDO AVENUE, #320
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001797918
5.3 STREET ADDRESS	-04/29/96--01028--006
5.4 CITY-ST-ZIP	***208.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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:

*Constance A. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Constance A. Jones  
Asst. Corp. Sec. 4/02/96 407-628-4544

CR2E034 (12/95)