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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019143 (3)

APT ENTERPRISES INC.

7

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 215 E YALE ST 215 E YALE ST ORLANDO FL 32804 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1995 2. Principal Place of Bysiness 21 1310 Misty Ridge Ct. 2a. Mailing Address Applied For Ridge Ct. 26 1310 Misty 59-3300170 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ity & State City & State 6. Election Campaign Financing \$5.00 May Be Apopha Fla Hospha Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 25 Or Lucy ☐ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAGE, THOMAS P 200 S. ORANGE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1205** 83 ORLANDO FL 32801 84 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, typed or printed name of registered agent and title if applicable (NOTE: Repistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE GAHR, TIMOTHY L 1.2 NAME 215 E YALE ST STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1,4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 4.1 TITLE Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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)(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.