FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00 **PROFIT** FLORIDA DEPARTMENTI OF STATE CORPORATION Sandra B. Morriami ANNUAL REPORT Secretary of Sate 1996 DIVISION OF CORPORATIONS P95000033371 (2) DOCUMENT # AP ENTERPRISES OF PALM BEACH, INC. Principal Place of Business Mailing Address 400 AUSTRALIAN AVE S 400 AUSTRALIAN AVE S SUITE 850 SUITE 850 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Date incorporated or Qualified 3a. Date of Last Report 04/27/1995 2. Principal Place of Business 4. FET Number Applied For STARET 26 30/clemat Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Palm Beach Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WHALEN, TIMOTHY L 82 Street Address (P.O. Box Number is Not Acceptable) 400 AUSTRALIAN AVE S SUITE 850 83 WEST PALM BEACH FL 33401 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DEL ETE President 1.1 TITLE Change Addition Armanbo TOHN T 1.2 NAME STREET ADDRESS 1.3 STREET ADORESS CITY-ST-ZIP 1.4 CHTY - \$1 - ZIF 2 1 UTLE Change Change Addition 2.2 NAME STHEET ADDRESS 23 STREET ADDRESS CITY - S1 - ZIP 24 CHTY - ST - ZIP ROBIN SUANN Tho ☐ Change 3 1 TITLE Addition 3.2 NAME 3608 36 th WA STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4 C-1Y - ST - 7/P ☐ Change 4 1 TITLE ☐ Addition 4.2 NAMē STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Change Addition 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CHTY - \$1 - ZIP 400001768664 DELETE -04/04/96--01002--0\$\psi\psi\nange 6 1 TITLE Addition 6.2 NAME ***200.08 STREET ADDRESS 6.3 STREET AUDRESS 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 innual proof 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 resolver or fusted in powered to execute this report as required by Chapter 607, Florida Statutes, and that my name

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