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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000042481 (8)

1. Corporation Name

A.P. MARKETING INC.

Principal Place of Business

759 VILLA PORTOFINO CIRCLE  
DEERFIELD BEACH FL 33442

Mailing Address

759 VILLA PORTOFINO CIRCLE  
DEERFIELD BEACH FL 33442



3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PITTS, ALISON  
759 VILLA PORTOFINO CIRCLE  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. 1. TITLE

1. 2. NAME

1. 3. STREET ADDRESS

1. 4. CITY - ST - ZIP

2. 1. TITLE

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY - ST - ZIP

3. 1. TITLE

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY - ST - ZIP

4. 1. TITLE

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY - ST - ZIP

5. 1. TITLE

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY - ST - ZIP

6. 1. TITLE

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY - ST - ZIP

☐ Change

☐ Addition

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☐ Addition

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☐ Addition

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☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OR

Date

Daytime Phone #

CR2E034 (12/95)