FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00

PROFIT FLORIDA DEPARTMENT STATE CORPORATION Sandra B Morth ANNUAL REPORT Secretary of Sta 1996 DIVISION OF CORPORONS P95000042481 **DOCUMENT #** A.P. MARKETING INC. Principal Place of Business Mailing Address 759 VILLA PORTOFINO CIRCLE 759 VILLA PORTOFINO CIRCLE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 3. Date incorporated or Qualified 36. Date of Last Report 05/25/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 -058 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, Zin Co 24 25 29 30 Florida Statutes ☐ Yes M No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PITTS, ALISON Street Address (P.O. Box Number is Not Acceptable) 759 VILLA PORTOFINO CIRCLE DEERFIELD BEACH FL 33442 Zip Code 85 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above registered agent, or both, in the State of Florida. Such change was authorized by the clambar with, and accept the obligations of, Section 607.0505, Florida Statutes. named corporation submits this statement for the purpose of changing its registered office povation's board of directors. I hereby accept the appointment as registered agent. I am Signuture, typical or printed haline of registered agent and title if applicable (NOTE Registered ent signature required when reinstating) (12/95)12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Mile Change Addition DELETE 1. 1 1 PITTS, ALISON CR2E034 12 N STREET ATTORESS. 759 VILLA PORTOFINO CIRCLE 1.3 ST ET ADDRESS DEERFIELD BEACH FL 33442 CITY+SI+ZIP 1.4 Ci - ST - ZIP TITLE DELETE Change Addition 2 11 NAME 22 No STEEL LADORESS 2351 ET ADDRESS 01Y ST-7P 2401 ST-ZIP THEF DELETE Addition 3 1 T NAM 3 2 NA STREET ACCORESC 3.3 S FET ADDRESS C: [Y - S] - ZiP 3.4 Ct -ST-ZIP THUE DELETE ☐ Change Addition 4 1 11 NAME 4 2 NA STREET AUDRESS 4.3 ST ET ADDRESS CHY S1-7(P 4401 - ST - ZIP THEF DELETE Change Addition 5 1 1 NAME 5 2 N STREET ADDRESS 53 ST ET ADDRESS CHY-ST ZIP 5.40 -ST-ZIP 111,6 ☐ DELETE Change Addition 6 1 1 62 N/ STREET ADDRESS 635 ET ADDRESS CITY ST-2IF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation of the receiver or trustee encourse. or of the corporation receiver or trustee empowe appears in Block 12 or Block banged, or on an with an address.

SIGNATURE:

true and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 607, Florida Statutes; and that my name

ies not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further