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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000061714 (8) DOCUMENT #

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APAPKY	TRADE	CENTER.	INC

Principal Place of Business Mailing Address 1316 FOXFORREST CIRCLE 1316 FOXFORREST CIRCLE APOPKA FL 32712 APOPKA FL 32712 3. Date incorporated or Qualified 3a. Date of Last Report 08/09/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 21 26 59-333-24-21 Suite, Apt. #, etc Saile, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Crty & State City & State 6. Election Campaign Financing 23 28

DEVOTIE, JAMES C 1316 FOXFORREST CIRCLE **APOPKA FL 32712**

Country

9. Name and Address of Current Registered Agent

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	Trust Fund Contribution Added to Fees						
suntry	8. This corporation has liability for intangible tax under s. 199.032.						
	Florida Statutes Yes No						
	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
В3							
84	City 85 Zip Code						

Applied For

Fee Required

\$5.00 May Be

Not Applicable

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.

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SIGNATURE Signature: Signature of trighted the fact that data at a control of the frequency of the signature responsible to the signature of the signature responsible to the signature of the signature responsible to th						
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1300	Change Add tid		
NAME	DEVOTIE, JAMES C		1.2 NAME			
STREET ADDRESS	1316 FOXFORREST CIRCLE		1.3 STREET ADDRESS			
CITY - ST - ZIP	APOPKA FL 32712		14 City St ZiP			
TILE	D	DELETE	2 1 71/11/16	Change Addition		
NAME	DEVOTIE, CHRISTINE M		2.2 NAME			
STREET ADDRESS	1316 FOXFORREST CIRCLE		2.3 STREET ADDRESS			
CITY - ST - ZIP	APOPKA FL 32712		24 CHY ST ZIP			
TITLE		[] DELETE	3 1 THEF	Change Addite		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4 City St ZiP			
TITLE		□ DELETE	4 · TELE	Change Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY - ST - ZIP			4.4.C(1) - ST - Z(P)			
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NAME			5.2 NAME			
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CITY-ST-ZIP			5.4 CiTy - ST - ZiP			
TITLE		☐ DELETE	€ 1 TILLF	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the even ption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this armual report or supplemental armual 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 after import with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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