## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000063878 (9)

## **AVPROX, INCORPORATED**

## **FILED** Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- I TOBATÓBA NO LOTOL BATAL ODIAL DOTAL BRAIL BRAIL	1800 8101 1011 8001 601 1001
2201 - 4TH STREET NORTH SUITE B		2201 · 4TH STREET NORTH SUITE B			W	
ST. PETERSBURG FL 33704		ST. PETERSBURG FL 33	ST. PETERSBURG FL 33704		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
	t .				08/18/1995	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3330437	Not Applicable
Suite, Apt. #, elc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun		This corporation owes or has paid the	
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent
HEARN, PRESTON S				81 Name		
2201 - 4TH STREET NORTH				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE B				00		
ST.	PETERSBURG FL 33704			83		
				84 City		85 Zip Code
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	les the a	hove-named corr	poration submits this statement for the nurons	e of changing its registered
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 tallout applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	POST	☐ DELETE	1,1 Ti			☐ Change ☐ Addition
NAME HEARN, PRESTON S STREET ADDRESS 2201 4TH STREET NORTH SUIT		LITE 6	1.2 N			
STREET ADDRESS	\$T. PETERSBURG FL 33704	UIIE D		IREET ADDRESS		
CITY-ST-ZIP TITLE	61. PETENSBURG FL 33/04	DELETE	2.1 Ti	TY-ST-ZIP		Change Addition
NAME			2.2 N			
STREET ADDRESS			2.3 \$	IREET ADDRESS		
CITY-ST-ZIP			2.40	ITY-ST-Z <del>I</del> P		
TITLE		DELETE	3.1 1	TLE		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	IREET ADDRESS		
CITY-ST-ZIP		DOUTE		ITY-ST-ZIP		Change Addition
TITLE		∐ DELET <b>e</b>	4.1 11			Citatine To Worthout
NAME DEGLET ADDRESS			4.21	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	51 TI			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY-ST-ZIP			54C	TY-ST-ZIP		
TITLE		☐ DELETE	6.1 1	TLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS				TREET ADDRESS		
CITY+ST-ZIP			6.4 C	ITY-ST-ZIP		

14. Thereby 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.