

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000043892 (4)

1. Corporation Name

A.P.C. ASSOCIATES, INC.

Principal Place of Business

11300 124TH AVENUE NORTH #115  
LARGO FL 34648

Mailing Address

11300 124TH AVENUE NORTH #115  
LARGO FL 33778-2735

2. Principal Place of Business

21 11300, 124TH AVENUE NORTH

Suite, Apt. #, etc

22 #115

City & State

23 LARGO FLORIDA

Zip

24 33778

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified  
05/22/1986

3a. Date of Last Report

4. FEI Number  
59-3380107

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

PEREZ, FERNANDO III  
401 EAST JACKSON STREET #2400  
TAMPA FL 33602

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 type:  Imprinted name of registered agent or  Handwritten if applicable

(NOTE: Registered Agent signature required when renotating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	1.1 TITLE	1.1 NAME	1.1 ADDITION/CHANGE	
NAME	STREET ADDRESS	1.2 TITLE	1.2 NAME	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE	NAME	2.1 TITLE	2.1 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREET ADDRESS	2.2 TITLE	2.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE	3.1 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREET ADDRESS	3.2 TITLE	3.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE	4.1 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREET ADDRESS	4.2 TITLE	4.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	5.1 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREET ADDRESS	5.2 TITLE	5.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	6.1 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREET ADDRESS	6.2 TITLE	6.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied in 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 in an attachment with an address.

SIGNATURE:

ALLEN P COATES

JANUARY 10, 1997.

(813)587-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0383341

CR2E034 (9/96)



FILED

Jan 17 1997 8:00am  
Secretary of State