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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000043892 (4)

A.P.C. ASSOCIATES, INC.

Principal Place of Business

Mailing Address

11300 124TH AVENUE NORTH #115

11300 124TH AVENUE NORTH #115

FILED Jan 20 1998 8:00am Secretary of State



LARGO FL 33778 US		LARGO FL 33778 US		DO NOT WRITE IN THIS SPACE		
00		00			3. Date Incorporated or Qualified	
					05/22/1996	
2. Principal Place of Business 21 8 1 28 th STREET NORTH 26 811, 28 th Suite, Apt. 4, etc. 2a. Mailing Address Suite, Apt. 4, etc.					4. FEI Number	Applied For
21 8 11	(26 811, 68 m STA	18 STUDE NORTH		59-3380107	Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 ST. PET	ensigung, FL.	28 ST. PETENSA	sura,	トム	Trust Fund Contribution	Added to Fees
241 33771	Country		Country	S'A		
24 257	Name and Address of Current I	1-0 0			Personal Property Tax due June 30. L. 10. Name and Address of New Registered A	Yes X No
Del 10					IO. Maine and Addiese of New York	19011
PEREZ, FERNANDO III						
401 EAST JACKSON STREET #2400 TAMPA FL 33602				Street Ad	ddress (P.O. Box Number is Not Acceptable)	
IAMPA FL 33002			83			
			84	City		85 Zip Code
			1 1	•	FL]]]
11. Pursuant to the provisions 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 agont 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						
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 famility of the composition of the						
SIGNATURE Signature typical or printed name of registered agent and trike if applicable. (NOTE Registered Agent signature required when reinstalling) DATE						
	Signature, typied or printed name of registered agent a	and title if applicable. (NOTE: I	Angistered Agent	signature re	<u> </u>	PIDEOTODO INI 40
TITLE	OFFICERS AND I	DELETE	13. 1.1 Title	Т	ADDITIONS/CHANGES TO OFFICERS AND	
NAME	COATES, ALLEN P	DECEME	1.2 NAME		DATES ALLEN P.	Change (ABOACSS)
STREET ADDRESS	2810 DRYER AVENUE, UNIT B		1.3 STREET A	nneree "	811/815, 28th STREET NOW	UTM
CITY-ST-ZIP	LARGO FL 33770		1.4 CITY - S1 -	7IP	ST AUTORSRURG FL. 33	7-13
TITLE	2000100110	DELETE	2.1 16TLE		POATES, ALLEN P. 811/815, 28th STREET NOW ST. PETENSRURG, FL. 33	Change Addition
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET A	DDRESS		
CITY-ST-ZIP			2.4 CITY-ST	- ZIP	·	
THLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	DORESS		
CITY-ST-ZIP			3.4. CI1Y - S1	- ZIP		
TOLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 \$1REE1 A	DDRES\$		
CITY-ST-ZIP			4.4 CITY - ST -	ZIP		<u> </u>
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A			
CITY-ST-ZIP			5.4 CITY - S1 -	ZIP	Name of the Control o	TT 20000 TT 4000
TITLE		☐ DELETĒ	6.1 1ITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A			
CITY-ST-7IP			6.4 CITY - ST -	ZIP		

14. I hereby 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 early; that I am an officer or director of the corporation of the ecceiver 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 an attachment with an address.