

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000047728 (6)

1. Corporation Name

APMAR ENTERPRISES, INC.



Principal Place of Business 664 AZALEA LANE STE B VERO BEACH FL 32963-1879	Mailing Address 664 AZALEA LANE STE B VERO BEACH FL 32963-1879
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3. Date Incorporated or Qualified 06/05/1996	3a. Date of Last Report
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2. Principal Place of Business 21 3627 Indian River Dr Suite, Apt. #, etc. 22 Vero Beach, FL City & State 23 Zip 32963 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 32963 Country
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4. FEI Number 65-0673300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COVEY, JAMES P 664 AZALEA LANE STE B VERO BEACH FL 32963-1879	
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10. Name and Address of New Registered Agent	
81 Name Karen Marcil	
82 Street Address (P.O. Box Number is Not Acceptable) 3627 Indian River Dr	
83	
84 City Vero Beach FL	85 Zip Code 32963

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 *Kurt Mehl* President DATE 5/1/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME COVEY, JAMES P	
STREET ADDRESS 664 AZALEA LANE STE B	
CITY-ST-ZIP VERO BEACH FL 32963-1879	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Karen Marcil	
1.3 STREET ADDRESS 3627 Indian River Dr	
1.4 CITY-ST-ZIP Vero Beach, FL 32963	
2.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Roger Marcil	
2.3 STREET ADDRESS 3627 Indian River Dr	
2.4 CITY-ST-ZIP Vero Beach, FL 32963	
3.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Albert Auer	
3.3 STREET ADDRESS 3627 Indian River Dr	
3.4 CITY-ST-ZIP Vero Beach, FL 32963	
4.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Roger L. Marcil	
4.3 STREET ADDRESS 3627 Indian River Dr	
4.4 CITY-ST-ZIP Vero Beach, FL 32963	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: *Karen Marcil* President 5/1/97 561-231-6314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)