

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 23 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 # P96000098552 (8)

1. Corporation Name
A.A.P.R., INC.

Principal Place of Business

285 SW HOLDEN TERRACE
PORT ST. LUCIE FL 34984

Mailing Address

285 SW HOLDEN TERRACE
PORT ST. LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1996 3a. Date of Last Report 12/2/96

4. FEI Number 65-6727188 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 3584 SW ZULLO ST
Suite, Apt. #, etc.

22

City & State
23 PT ST LUCIE, FL

Zip Country
24 34953 25 St Lucie

2a. Mailing Address
26 P.O. BOX 1654
Suite, Apt. #, etc.

27

City & State
28 STUART, FL

Zip Country
29 34995 30 MARTIN

9. Name and Address of Current Registered Agent

FARRELL, RICKEY L ESQ.
1595 SE PORT ST LUCIE BLVD.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

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 607.1508, 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MEYERS, PATRICK	1.2 NAME	MEYERS, PATRICK
STREET ADDRESS	295 SW HOLDEN TERRACE	1.3 STREET ADDRESS	3584 SW ZULLO ST
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	1.4 CITY-ST-ZIP	PT ST LUCIE FL 34953
TITLE	D	2.1 TITLE	D
NAME	MEYERS, AMY	2.2 NAME	MEYERS, AMY
STREET ADDRESS	295 SW HOLDEN TERRACE	2.3 STREET ADDRESS	3584 SW ZULLO ST
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	2.4 CITY-ST-ZIP	PT ST LUCIE FL 34953
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:

9-16-97 511-878-1231

CR2E034 (4/97)