## 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 # P9700066804 (0)

APTECH SERVICES, INC.

## FILED Feb 11 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address  |   |                         |                        |   |  | L INDICENTALE UNIVERSALE DE LES ENTRE LES ENTRE DE LA CONTRE DI LA CONTRE DE LA CON | 14(0) 1811 <b>0</b> 01 | III 4101 HEH                |
|--|---|-------------------------|------------------------|---|--|--|------------------------|-----------------------------|
| 413 EAST OVERBROOK STREET 413 EAST OVE<br>LARGO FL 33770 LARGO FL 337  |   |                         | erbrook street<br>1770 |   |  | DO NOT WRITE IN THIS SE  | DACE                   |                             |
|  |   |                         |                        |   |  | 3. Date Incorporated or Qualified  | ACE                    |                             |
|  |   |                         |                        |   |  | 07/31/1997   |                        |                             |
| 2. Principal Place of Business 2a. Mailing Address   |   |                         | oss                    |   |  | 4. FEI Number  | Ar                     | oplied For                  |
| 21   | 1 26  |                         |                        |   |  | 593464212  | No                     | ot Applicable               |
| Suite, Apt   | Suite, Apl. #, etc.   | pl #, elc.              |                        |   | 5. Certificate of Status Desired         |  | Additional equired     |                             |
| City & Stat  | City & State City & State   |                         |                        |   |  | 6. Election Campaign Financing   | \$5.00                 | May Be                      |
| 23   | 28  |                         |                        |   |  | Trust Fund Contribution  | Added                  |                             |
| Zip  | Country   | Zip                     | Cou                    | ntry                                      | Ì  | 8. This corporation owes or has paid the curre   |                        |                             |
| 24   | 25   29   30  <br>g. Name and Address of Current Registered Agent |                         |                        | Personal Property Tax due June 30. Yes No |  |  |                        |                             |
|  | <del></del>   | irrent Hegistered Agent | B1                     | Name                                      | 10. Name and Address of New Registered A | jent   |                        |                             |
| MARTIN, BRAD L   |   |                         |                        |   | TTETTE                                   |  |                        |                             |
| 413 EAST OVERBROOK STREET LARGO FL 33770   |   |                         |                        | 82  | Street Addres                            | ss (P.O. Box Number is Not Acceptable)   |                        | . ]                         |
| _ L4   | MGO FL 33//0  |                         | ŀ                      | 83  |  |  |                        |                             |
|  |   |                         | į                      | _   | ····                                     |  |                        |                             |
|  |   |                         |                        | 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 registrice 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 regist agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. |   |                         |                        |   |  |  |                        | ts registered<br>registered |
| SIGNATURE  |   |                         |                        |   |  |  |                        |                             |
|  |   |                         |                        | legistered Agent signature require        |  |  |                        | 10 (1) 10                   |
| 12.  | DPST  | DELETE                  | 13.                    | ı E                                       |  | ADDITIONS/CHANGES TO OFFICERS AND I  | Change                 | Addition                    |
| NAME   | MARTIN, BRAD L  |                         |                        | 1.2 NAME                                  |  | \ <u>-</u>   | Chungo                 |                             |
| STREET ADDRESS 413 EAST OVERBROOK STREET   |   |                         |                        | 1.3 STREET ADDRESS                        |  |  |                        |                             |
| CITY-ST-ZIP  | 1 4 DOO 51 00330  |                         |                        | 1.4 City-St-ZiP                           |  |  |                        | Į!                          |
| TITLE  |   |                         | 2.1 T()                |   |  |  | Change                 | Addition                    |
| NAME   |   |                         | 2.2 NA                 | 2.2 NAME                                  |  | 1.63   |                        | ]                           |
| STREET ADDRESS   |   |                         | 2.3 STF                |   | ADDRESS                                  |  |                        |                             |
| CITY-ST-ZIP  |   |                         | 2 4 CITY-ST-ZIP        |   | r-zip                                    |  |                        |                             |
| TITLE  | DELETE  |                         | 31 717                 | 31 TITLE                                  |  |  | Change                 | Addition                    |
| NAME   |   |                         | 32 NA                  | 32 NAME                                   |  |  |                        |                             |
| STREET ADDRESS   | S   |                         | 3.3 ST                 | 3.3 STREET ADDRESS                        |  |  |                        | ľ                           |
| CITY-ST-ZIP  |   |                         | 3 4. Cf                |   | I-ZIP                                    |  | -1                     |                             |
| TITLE  |   |                         |                        | 4.1 TITLE                                 |  | L  | Change                 | Addition                    |
| NAME   |   |                         | 4. 2 NA                |   |  |  |                        |                             |
| STREET ADDRESS   |   |                         |                        | 4.3 STREET ADDRESS                        |  |  |                        |                             |
| CITY-ST-ZIP  |   |                         | 4 4 CIT                |   | - ZIP                                    |  | Change                 | Addition                    |
| TITLE  |   |                         |                        | 5.1 TITLE                                 |  | L  | . Vilariye             |                             |
| NAME<br>CIDELT ADDRESS   | r + DD0500  |                         | 4                      | 5.2 NAME                                  |  |  |                        |                             |
| STREET ADDRESS   | SS  |                         |                        | 5.3 STREET ADDRESS                        |  |  |                        |                             |
| CITY-ST-ZIP<br>TITLE   |   |                         |                        | CITY-ST-ZIP                               |  |  | Change                 | Addition                    |
| NAME   | L. DELETE   |                         |                        | 6.1 TITLE<br>6.2 NAME                     |  | -  | orialized              |                             |
| STREET ADDRESS   | RESS  |                         |                        | 63 STREET ADDRESS                         |  |  |                        |                             |
| •  |   |                         | 6.4 Cf                 |   | Į.                                       |  |                        |                             |
| CITY-ST-ZIP  | <del></del>   |                         | 0.4 01                 | , 01                                      |  |  |                        |                             |

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 mattachment with an address.

SIGNATURE:

1-29-98

813-585 7270