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 # P9800000018 (5)

A P J MANAGEMENT CORP.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



15269 110TH AVE. NORTH 15269 110TH AVE. NORTH JUPITER FL 33478-6818 JUPITER FL 33478-6818				DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 12/31/1997		
	lace of Businoss	2a. Mailing Address .			4. FEI Number		Applied For
21 15 26		M 26 15269 110) Au	mr - Notil	650821176		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	ec 76 20 Divoirer 96			···	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24 3341	8-6818 25 USA	29 33478-6818 3	Countr	SA		Yes	Intangible No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OUNCOM ANTHONY B1 Name							
JUNINGON, ANTIONY:							
15269 110TH AVE. NORTH JUPITER FL 33478-6818				82 Street Address (P.O. Box Number is Not Acceptable)			
301	THE STATE OF THE S		63	 		-	
			84	City	Fi	85 2	2ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	e-named corpo	oration submits this statement for the purpose of	of changing	ig 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 age			ent signature require			1000 4114
12.	OFFICERS AN	DELETE	13.	· -	ADDITIONS/CHANGES TO OFFICERS AN	Chan	
NAME	President Anthony Johnson	C) betein	1.2 NAME			C Ontain	Ac D vanition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		Or may may doubt		ST-ZIP			1
TITLE			2.1 TITLE			Chan	ge Addition
NAME			2.2 NAME				Ì
STREET ADDRESS	\$ 7		2.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	31 TITLE			∐ Chan	ge 🔲 Addition
NAME			3.2 NAME				[
STREET ADDRESS				AODRESS			j
CITY-ST-ZIP TITLE	DELETE 4.17			ST-ZIP		Chan	ge Addition
NAME		verile	4, 2 NAME			J. 5.101	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	i i			
TITLE			51 TITLE			Chan	ge Addition
NAME			52 NAME				J
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-\$T-ZIP			5.4 CITY-	ST - ZIP			
TITLE		DELETE	6.1 TITLE			Chan	ge Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREE	TADORESS			
CITY-ST-ZIP			6.4 CITY -	ST-ZIP			

14. Thereby certify that the information supplied with this filling 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.

CIGNATURE.

Sink and Palling

4130198

954-276-7629