

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

0058789

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000007486

1. Corporation Name

APTIC NATIONAL TAX SERVICE COMPANY

Principal Place of Business

493 E SEMORAN BLVD
CASSELBERRY FL 32707

Mailing Address

493 E SEMORAN BLVD
CASSELBERRY FL 32707

2. Principal Place of Business

21	Suite, Apt. #, etc.
22	City & State
23	Zip
24	Country

2a. Mailing Address

26	Suite, Apt. #, etc.
27	City & State
28	Zip
29	Country

9. Name and Address of Current Registered Agent

DANIELS, G.P.
493 E SEMORAN BLVD
CASSELBERRY FL 32707

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 607.1506, 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 of a corporation must be a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	Lassiter, Roy W.	
STREET ADDRESS	493 E. Semoran Blvd	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	VSD	[] DELETE
NAME	Daniels, George P.	
STREET ADDRESS	493 E. Semoran Blvd	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [X] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(g), 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, with all other like empowered.

SIGNATURE: George P. Daniels George P. Daniels, VP/Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 (800)393-9762

By: [Signature]

FILED
99 FEB 22 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

4. FEI Number

59-3489944

Applied For
Not Applicable

5. Certificate of Status Desired

[X]

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes

[] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)