


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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # 305189 1. Corporation Name API DEVELOPMENT CORP.																																																																																																																																									
Principal Place of Business 2601 WEST ORANGE BLOSSOM TRAIL APOPKA, FL 32712			Mailing Address 2601 WEST ORANGE BLOSSOM TRAIL APOPKA, FL 32712																																																																																																																																						
2. Principal Place of Business 21 53 MILLBROOK STREET Suite, Apt. #, etc. 22 City & State 23 WORCESTER, MA Zip 24 01606		2a. Mailing Address 26 53 MILLBROOK STREET Suite, Apt. #, etc. 27 P.O. BOX 366 City & State 28 WORCESTER, MA Zip 29 01606		3. Date Incorporated or Qualified 10/11/1990 3a. Date of Last Report 1996 4. FEI Number 04-3105919 Applied For <input type="checkbox"/> 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 7. 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 STANLEY S. RAPHAEL 400 TOWERSIDE TERRACE, APT. 611 MIAMI, FL 33138			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																																																																																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DOHERTY, HAROLD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7 BASSWOOD LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ANDOVER, MA 01810</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SECRETARY</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RAPHAEL, STANLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>400 TOWERSIDE TERRACE, APT. 611</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33138</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRECTOR</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>COAKLEY, DANIEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>27 ELIZABETH DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUREL HOLLOW, NY 11791</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PRESIDENT	<input type="checkbox"/> DELETE	NAME	DOHERTY, HAROLD		STREET ADDRESS	7 BASSWOOD LANE		CITY-ST-ZIP	ANDOVER, MA 01810		TITLE	SECRETARY	<input type="checkbox"/> DELETE	NAME	RAPHAEL, STANLEY		STREET ADDRESS	400 TOWERSIDE TERRACE, APT. 611		CITY-ST-ZIP	MIAMI, FL 33138		TITLE	DIRECTOR	<input type="checkbox"/> DELETE	NAME	COAKLEY, DANIEL		STREET ADDRESS	27 ELIZABETH DRIVE		CITY-ST-ZIP	LAUREL HOLLOW, NY 11791		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 <table border="1"> <tr> <td>1.1 TITLE</td> <td>P/T/D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>HAROLD E. DOHERTY</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>7 BASEWOOD LANE</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>ANDOVER, MA 01810</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>S/D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>STANLEY S. RAPHAEL</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>400 TOWERSIDE TERRACE, APT. 611</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>MIAMI, FL 33138</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>DANIEL W. COAKLEY</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>27 ELIZABETH DRIVE</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>LAUREL HOLLOW, NY 11791</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	HAROLD E. DOHERTY		1.3 STREET ADDRESS	7 BASEWOOD LANE		1.4 CITY-ST-ZIP	ANDOVER, MA 01810		2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	STANLEY S. RAPHAEL		2.3 STREET ADDRESS	400 TOWERSIDE TERRACE, APT. 611		2.4 CITY-ST-ZIP	MIAMI, FL 33138		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	DANIEL W. COAKLEY		3.3 STREET ADDRESS	27 ELIZABETH DRIVE		3.4 CITY-ST-ZIP	LAUREL HOLLOW, NY 11791		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			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		
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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, changed, or on an attachment with an address.																																																																																																																																									
SIGNATURE: Harold E. Doherty HAROLD E. DOHERTY ✓ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # 508-756-1010																																																																																																																																									

CR2E034 (9/96)

Handwritten signature and date: 5/6/97

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