

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

**FILED**

**Apr 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V22891 (8)**  
 1. Corporation Name  
**APOGEE OF NORTHERN FLORIDA, INC.**



Principal Place of Business <b>9651 ATLANTIC BLVD. SUITE 1000 JACKSONVILLE FL 32225</b>	Mailing Address <b>C/O APOGEE, INC. 1018 WEST NINTH AVENUE KING OF PRUSSIA PA 19406-1225</b>
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3. Date Incorporated or Qualified <b>03/20/1992</b>	3a. Date of Last Report <b>12/19/1996</b>
4. FEI Number <b>65-0319932</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	<b>C T Corporation System</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1200 South Pine Island Road</b>
83	
84 City	<b>Plantation FL 315 Zip Code 20005</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: *Rouso* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIES, LAWRENCE M</b>	
STREET ADDRESS	<b>1018 WEST NINTH AVENUE</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA 19406</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEMING, CAROLINE H</b>	
STREET ADDRESS	<b>1018 WEST NINTH AVENUE</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA 19406</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>VINICK, ALAN N</b>	
STREET ADDRESS	<b>1018 WEST NINTH AVENUE</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA 19406</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SZCZYGIEL, STANLEY F</b>	
STREET ADDRESS	<b>1018 WEST NINTH AVENUE</b>	
CITY-ST-ZIP	<b>KING OF PRUSSIA PA 19406</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>OUIMETTE, ROBERT A</b>	
STREET ADDRESS	<b>237 PARK AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

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: *[Signature]* April 8th, 1997 610-992-7200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011988

CR2E034 (9/96)