

**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

**FILED**

98 FEB 27 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V22891 (8)**  
1. Corporation Name  
**APOGEE OF NORTHERN FLORIDA, INC.**



Principal Place of Business: **9951 ATLANTIC BLVD. SUITE 1000 JACKSONVILLE FL 32225**  
Mailing Address: **C/O APOGEE, INC. 1018 WEST NINTH AVENUE KING OF PRUSSIA PA 19406**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/20/1992**  
4. FEI Number: **65-0319932**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 20005**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Mark Gibson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Secretary-Treasurer	
1.3 STREET ADDRESS	1018 W 9th Ave	
1.4 CITY-ST-ZIP	King of Prussia, PA 19406	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	600002445966--S	
2.4 CITY-ST-ZIP	-03/03/98--01085--002	
3.1 TITLE	****150.00	<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 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 amendment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1-27-98**

CP2E034 (10/97)