

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

Principal Place of Business  
8951 ATLANTIC BLVD.  
SUITE 1000  
JACKSONVILLE FL 32225

Mailing Address  
C/O APOGEE, INC.  
1018 WEST NINTH AVENUE  
KING OF PRUSSIA PA 19406

FILED

98 FEB 27 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1992

4. FEI Number

65-0319932

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 20005

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME DAVIES, LAWRENCE M  
STREET ADDRESS 1018 WEST NINTH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

DELETE

TITLE DV  
NAME FLEMING, CAROLINE H  
STREET ADDRESS 1018 WEST NINTH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

DELETE

TITLE DT  
NAME VINICK, ALAN N  
STREET ADDRESS 1018 WEST NINTH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

DELETE

TITLE S  
NAME SZCZYGLIEL, STANLEY F  
STREET ADDRESS 1018 WEST NINTH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

DELETE

TITLE AS  
NAME OUMETTE, ROBERT A  
STREET ADDRESS 237 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Mark Gibson  
Secretary-Treasurer  
1018 W 9th Ave  
King of Prussia, PA 19406

Change

Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

600002445966--S

-03/03/98--01085--002

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

\*\*\*\*150.00 \*\*\*\*150.00

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

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:

1-27-98 610-992-7200

CP2E034 (10/97)