

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90051 050 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 539154

1. Corporation Name
APOLLONIA, INC.



Principal Place of Business
 2821 LUCERNE AVE
 MIAMI BEACH FL 33140
 US

Mailing Address
 % APOLLONIA, INC
~~2821 LUCERNE AVE~~
~~MIAMI BEACH FL 33140~~
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 [] Suite, Apt. #, etc.

26 **5700 COLLINS AVE.**

23 City & State

27 **# 12-K**
 28 **MIAMI BEACH**

24 Zip [] Country []

29 **33140** 30 [] Country []

3. Date Incorporated or Qualified
07/12/1977

4. FEI Number **59-1769114**
 Applied For [] Not Applicable []

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIMOFF, IRVING
STE 1050
200 SO BISCAYNE BLVD.
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	KESSLER, EDWARD	
STREET ADDRESS	2021 LUCERNE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	KESSLER, APOLLONIA K.	
STREET ADDRESS	2021 LUCERNE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KESSLER, APOLLONIA K.	
STREET ADDRESS	2021 LUCERNE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5700 COLLINS AVE. #12K
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5700 COLLINS AVE. #12-K
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5700 COLLINS AVE. 12-K
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
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 attachment with an address, with all other like empowered.

SIGNATURE: *Apollonia Kessler* 1-13-99 305/7991362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)