

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

0239500

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M44302

1. Corporation Name

The Apple Organization, Inc.

Principal Place of Business

C/O PHYLLIS APPLE
17840 W. DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160-4822

Mailing Address

C/O PHYLLIS APPLE
17840 W. DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160-4822

2. Principal Place of Business

21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

APPLE, PHYLLIS
17840 W. DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 the corporation

(NOTE: Registered Agent Signature required when "resisting")

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	[] DELETE
NAME	APPLE, PHYLLIS	
STREET ADDRESS	20420 N.E. 34TH CT.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/S/T	[X] Change	[] Addition
12 NAME	Apple, Phyllis		
13 STREET ADDRESS	20420 N.E. 34TH CT.		
14 CITY-ST-ZIP	N. MIAMI BEACH, FL 33180		
21 TITLE	V	[] Change	[X] Addition
22 NAME	Zucker, Valerie		
23 STREET ADDRESS	21054 N.E. 34th Ct.		
24 CITY-ST-ZIP	Aventura, FL 33189		
31 TITLE		[] Change	[] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[] Change	[] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[] Change	[] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[] Change	[] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

TS 5/3/99 99AC

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:

Phyllis Apple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999 305-937-1581
Date Day/Sec Phone #

CR2E034 (11/98)

99 APR 28 PM 1:21



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1987

4. FEI Number
59-2766503

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

10. Name and Address of New Registered Agent