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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M92792 1. Corporation Name

Principal Place of Business

APPLE REALTY OF FLAGLER COUNTY, INC.

2. Principal Place of Business 2a, Mailling Address 4. FEEI Number Not Applicable of State 26 26 32 32 32 32 32 32	4 OFFICE PARK DR PO BOX 350362 STE 5 PALM COAST FL 32135 US US						DO NOT WRITE 3. Date Incorporated or Qualifed 07/29/1988	E IN THIS S	SPACE		
Suita, Apt. #, etc. Suita, Ap	O Britania I Bi	and of Dunings	2. Mailing Address						- 117	Applied For	
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 City & State 28 Zip	<u> </u>	ace of Business									
27		# oto					39-290000				
City & State 28 29 20 20 20 20 20 20 20 20 20		#, etc.					5. Certifcate of Status Desired		T		
Trust Fund Contribution Added to Fees		<u> </u>					& Election Campaign Financing		\$5.0	Nav Re	
Zip		~-	⊢		-						
9. Name and Address of Current Registered Agent. WACHTER, JOHN A. 4 OFFICE PARK DR STE 5 PALM COAST FL 32137 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the currose of changing its registered agent. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the currose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the currose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, the above-named 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, the above-named corporation submits this statement for the currose of changing its registered of coffice or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the currose of the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the currose of the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as regis		Country		Country	<u> </u>			nt vear Inta	ngible		
WACHTER, JOHN A. 4 OFFICE PARK DR STE 5 PALM COAST FL 32137 11. Pursuant to the provisions of Sections 807 0502 and 507 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. The familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. The familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. I SINEET ADDRESS			29 30				•			24 0	
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4 OFFICE PARK DR STE 5 PALM COAST FL 32137 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 gapent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approach gapent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approach gapent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE STORMATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.				81	N	Name				{	
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PALM COAST FL 32137 B4 City FL 85 Zip Code	4 OFFICE PARK DR										
11. Pursuant to the provisions of Sections 607 .0502 and 607 .1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607 .0505, Floridal Statutes. SIGNATURE Signature, Types or printed name of registered agent and day if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD WACHTER, JOHN A 12 NAME 12 NAME VACHTER, JOHN A 4 OFFICE PARK DR, #5 13 STREET ADDRESS CITY-ST-ZP PALM COAST FL 14 CITY-ST-ZP PALM COAST FL 14 CITY-ST-ZP TITLE DELETE 13 TITLE- Change Addition Addition Addition TITLE DELETE 14 TITLE Change Addition Addition TITLE DELETE 15 TITLE Change Addition Addition Addition TITLE DELETE 15 TITLE Change Addition Addition TITLE DELETE 15 TITLE Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZP TITLE DELETE 15 TITLE Change Addition Addition AME STREET ADDRESS CITY-ST-ZP TITLE DELETE 15 TITLE Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZP TITLE DELETE 15 TITLE Change Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-ZP TITLE DELETE 15 TITLE Change Addition Addition Addition Addition Addition Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-ZP TITLE DELETE 15 TITLE Change Addition AME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition	• • •			83	•						
11. Pursuant to the provisions of Sections 807.0502 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 author/zed by the corporation's board of directors. I hereby accept the appointment as registered signal agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD DCLETE 1.1 TITLE DVACHTER, JOHN A 12.NAME 13. STREET ADDRESS 14. CITY-ST-ZP DAME DV DELETE 2.1 TITLE DVACAST FL 1. CITY-ST-ZP DAME 2.2 NAME 2.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP DAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP DAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP DAME 3.3 STREET ADDRESS	PALM	# CUAST FL 32137		84	ı c	City			85 Zi	p Code	
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12.	I 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										
12	SIGNATURE		AIOTE Park		- t eio	anatura required	d when reinstaling)	DATE		' [
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NAME											
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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 chapped, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WACHTER

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90011 020 ***150.00