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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000031820 (2)

Block 12 or Block 13 if changed, or on an attachment with an address.

APOLLO EXPRESS, INC.

Principal Place of Business Mailing Address 5616 GOLDEN NUGGET DR 5616 GOLDEN NUGGET DR HOLIDAY FL 34690 HOLIDAY FL 34690 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 36-3142693 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year intangible Zip Country Ζφ Yes ☐ No Personal Property Tax due June 30. 24 25 30 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name FROUSTIS, TED 5616 GOLDEN NUGGET DR Street Address (P.O. Box Number is Not Acceptable) HOLIDAY FL 34690 83 Zip Code City 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 4. Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE PD 1.1 TITLE TITLE FROUSTIS, TED 1.2 NAME NAME 5616 GOLDEN NUGGET DR 1.3 STREET ADDRESS STREET ADDRESS HOLIDAY FL 34690 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 3.1 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS Y-ST-ZIF CITY-ST-ZIP Change Addition DELETE 4.1 T TITLE NAME 4.21 ME TET ADDRESS STREET ADDRESS - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 T TITLE 5.2 N NAME EET ADDRESS STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP Change Addition DELETE 6 1 T TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

PRESIDENT

012 020 2.100