

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000050926 (2)**  
1. Corporation Name  
**APEX DEVELOPMENT AND MANAGEMENT, CORP.**

Principal Place of Business: **20350 W COUNTRY CLUB DR #106 MIAMI FL 33180**  
Mailing Address: **20350 W COUNTRY CLUB DR #106 MIAMI FL 33180**

**APPROVED AND FILED**  
**95 APR 21 PM 2:16**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: **07/05/1994**  
3a. Date of Last Report  
4. FEI Number: **65-0506261**  
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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BENENSON, ALAN  
20350 W COUNTRY CLUB DR  
#106  
MIAMI FL 33180**

10. Name and Address of New Registered Agent (81-85)  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>BENENSON, ALAN</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>BENENSON, ALAN</b>		1.2 NAME	
STREET ADDRESS: <b>20350 W COUNTRY CLUB DR #106</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>MIAMI FL 33180</b>		1.4 CITY-ST-ZIP	
TITLE: <b>VD</b>	<b>NEUMANN, MICHAEL</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>NEUMANN, MICHAEL</b>		2.2 NAME	
STREET ADDRESS: <b>800 NE 195 ST #805</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>N MIAMI BEACH FL 33179</b>		2.4 CITY-ST-ZIP	
TITLE: <b>STD</b>	<b>SHIR, GUY</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>SHIR, GUY</b>		3.2 NAME	<b>No longer an officer or directors</b>
STREET ADDRESS: <b>1945 NE 198 TERR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>N MIAMI BEACH FL 33179</b>		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Alan Benson **ALAN BENENSON** **2/21/95** **(305) 935-2538**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR