Mar 06, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000075563

<ol> <li>Corporation</li> </ol>	Name	0.000			1				
APPLETO	ON ENTERPRISES, INC.								
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Principal Place	e of Business	Mailing Address				+ 100+100)      10+11 <b>- 1</b> 0+1 00+1	AMERICAN SPECI	PROGRAMMA	MILLAN ISIN BERS
40 WICKLOW CIRCLE 40 WICKLOW CIRCLE									
PALM HARBOR FL 34683 PALM HARBOR FL 34683									
US US						DO NOT WRITE IN THIS SPACE			
					1	e Incorporated or Qualife	d		
						/14/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				Number		ļ <del>   `</del>	oplied For
21		26			59	<u>-3276489</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Cei	rtifcate of Status Desired		•	Additional
22		27							equired
City & State	9	City & State				ction Campaign Financin	9		_May.Be
23		28				st Fund Contribution			to Fees
Zip	Country	Zip	Country	,		s corporation owes the cu	urrent year In	tangible	□No
24	25	<del></del>	30			sonal Property Tax.	. De eletered	Yes	
	9. Name and Address of Current	t Registered Agent	81	Name		me and Address of New	Registered	Agent	
HER	ert, jay a esquire		"	Halle	COLIN	APPLETON			
13560 49TH STREET NORTH		82	Street A	Address (P.O.	Box Number is Not Accep	ptable)		1	
STE			83		<u> </u>	W CARLE			
	ARWATER FL 33762		**	•					
	ANTAICH TE GOTGE		84	City p	'ALM F	ARBOR.	FL	85 Zip	Code <b>1683</b>
						-			
			Maria de la cons			h i t ala i a a a a t a t-			
office or r	opietorod egopt or both in the State (	2 and 607.1508, Florida Statute of Florida, Such change was au	thonized by	the como	corporation sul ration's board	bmits this statement for the of directors. I hereby acc	ne purpose of cept the appo	r changing its intment as re	egistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	thonized by	the como	corporation sul ration's board	of directors. I nereby acc	ept the appo	intment as re	egistered
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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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

727-786 4761