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

PROFIT CORPORATION ANNUAL REPORT

1997



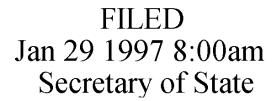
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000023517 (4)

APPLE A DAY, INC.





Principal Place of Business Mailing Address 1747 INDEPENDENCE BLVD. E6 1747 INDEPENDENCE BLVD SARASOTA FL 34234 SARASOTA FL 34234-2146										
						3. Date incorporated or Qualified 3a. Date of Last Report 03/25/1993 09/30/1996				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	pplied For	
21		26				65-0400473			ot Applicable	
Suite, Ap 22	ot. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		T	Additional lequired	
27					 	6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zφ	Country	Zip	Cou	ntry		8. This corporation has liability for i	ntangible	tax under s	s. 199.032,	
24	[25]	29	30	r			Yes [
		Current Registered Agent		B1	Name	10. Name and Address of New Re	gistered /	gent		
HEIMAN, BRUCE 1934 RAIN FOREST TRAIL				01	Ivanie					
			62	Street Addre	ess (P.O. Box Number is Not Acceptab	ie)				
SA.	rasota FL 34240			83						
				84	City		FL	85 Zip	Code	
office o agent (SIGNATURI	E. Signature, Specific pointed name of right	Tened agent and little d'applicable (NC			y the corporation of the corpora		DATE			
12.		OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	P DUCKAN DOMOT	C DELETE	1.1 TO					Change	Addition	
NAME	HEIMAN, BRUCE s 1747 INDEPENDENCE BI	IVID Ee	1.2 N							
STREET ADDRES	SARASOTA FL 34234	L4D., E0			ADDRESS					
CITY-ST- ZIF	ON GOOTA I E OTEOT	DELETE	2.1 Ti		31 - ZIP			Change	Addition	
NAME	}		2.2 N		1					
STREET ADDRES	is		2.3 \$1	REET	ADDRESS					
CITY-\$1-71P			2.40	HY-5	ST-ZIP					
TITLE		DELETE	3.1 TI	TLE				Change	Addition	
NAME			3.2 N							
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CITY-ST-ZIP		Linciere			SY-ZiP			Chanca	Additor	
TITLE		DELETE	4.1 🗓					Li Change	Addition	
NAME CTOCKS ADDISES	, c.		4.2 N		ADDRESO					
STREET ADDRES	13				ADDRESS ST-ZIP					
TITLE		☐ DELETE	5.1 7		1 - 4 H			☐ Change	☐ Addition	
NAME			5.2 N					- •		
STREET ADDRES	ss				ADDRESS					
CITY- ST-ZIP					ST-ZIP					
TITLE		DELETE	6.1 T					Change	Addition	
NAME			62 N	AME						
STREET ADDRES	ss		635	TREET	ADDRESS					
C(TY+ST-ZIP			64 C	TY - 9	ST-ZIP					

14. I do 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 if 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR