

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000024724 (1)
 1. Corporation Name
APPLE, INC.



Principal Place of Business 18327 CORAL ISLES DR BOCA RATON FL 33309 33498	Mailing Address 18327 CORAL ISLES DR BOCA RATON FL 33309 33498
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 795 Belvedere Rd. Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28	3. Date Incorporated or Qualified 03/14/1997
24 33405 Zip 25 Palm Beach Country	29 33498 Zip 30 Country	4. FEI Number 65-0739373 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

STEVEN FINE P.A.
4901 NW 17 WAY STE 406
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
Howard Weinapple

82 Street Address (P.O. Box Number is Not Acceptable)
18327 Coral Isles Dr.

83

84 City
Boca Raton FL 85 Zip Code **33408**

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 **Howard Weinapple** *[Signature]* DATE **1/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINAPPLE, HOWARD	1.2 NAME	
STREET ADDRESS	18327 CORAL ISLES DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33309 33498	1.4 CITY-ST-ZIP	33498
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINAPPLE, PAMELA	2.2 NAME	
STREET ADDRESS	18327 CORAL ISLES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33309 33498	2.4 CITY-ST-ZIP	33498
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: **Howard Weinapple** *[Signature]* (561) 833-0777

CR2E034 (10/97)