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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000072153

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90083 041 ***150.00

APPLE MOTORS, INC.						
Principal Place	of Business	Mailing Address				
5933 RAVENSWOOD RD. #D 12 5933 RAVENSWOOD RD. #D 12					ļ	
FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312					DO NOT WRITE IN THIS SF	PACE
					3. Date Incorporated or Qualifed	702
					08/18/1998	}
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0817361	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27						Fee Required
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
28			Country		This corporation owes the current year Intang	
			30			Yes □No
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	ent
				Name		
DEGAGLIA, JOHN			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
5933 RAVENSWOOD RD, #D 12			_			
FUR	T LAUDERDALE FL 33312		83			
			84	City	P.I	85 Zip Code
					FL	anging its registered
office or r	enistered agent, or both, in the State (of Florida. Such change was au	ithorized by	the corporati	poration submits this statement for the purpose of chi ion's board of directors. I hereby accept the appointn	nent as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Ager	it signature require	red when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change
NAME	DEGAGLIA, JOHN		1.2 NAME			ĺ
STREET ADDRESS 5933 RAVENSWOOD RD, #D 12			1.3 STREET	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		1.4 CITY-S	T-ZIP	<u> </u>	Change
TITLE	2	☐ DELETE	2.1 TITLE			
NAME			2.2 NAME		•	}
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	1-ZIP		Change Addition
NAME			3.2 NAME	İ		-
STREET ADDRESS	,		3.3 STREE	raddress i		}
CITY-ST-ZIP			3.4. CITY-S			
TITLE	☐ DELETE		4.1 TITLE	$\neg op$		Change Addition
NAME			4. 2 NAME			}
STREET ADDRESS			4.3 STREET	ADDRESS		}
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE	<u>-</u>	☐ DELETE	5.1 TITLE		·	Change
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			{
CITY-ST-ZIP		☐ DELETE	54 CITY-S	1-ZIP		Change Addition
TITLE		LJ DELETE	6.2 NAME		L	Tayango Fit vocation
NAME			6.3 STREET	ADDRESS (
STREET ADDRESS CITY-ST-ZIP			6.4 CITY-S			}

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 appears, with all other like empowered.

SIGNATURE:

HING OFFICER OR DIRECTOR