

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90051 050 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 539154

1. Corporation Name  
**APOLLONIA, INC.**



Principal Place of Business  
 2821 LUCERNE AVE  
 MIAMI BEACH FL 33140  
 US

Mailing Address  
 % APOLLONIA, INC  
~~2821 LUCERNE AVE~~  
~~MIAMI BEACH FL 33140~~  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 [ ] Suite, Apt. #, etc.

26 **5700 COLLINS AVE.**

23 City & State

27 **# 12-K**  
 28 **MIAMI BEACH**

24 Zip [ ] Country [ ]

29 **33140** 30 [ ] Country [ ]

3. Date Incorporated or Qualified  
**07/12/1977**

4. FEI Number **59-1769114**  
 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIMOFF, IRVING**  
**STE 1050**  
**200 SO BISCAYNE BLVD.**  
**MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	KESSLER, EDWARD	
STREET ADDRESS	<del>2021 LUCERNE AVENUE</del>	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	KESSLER, APOLLONIA K.	
STREET ADDRESS	<del>2021 LUCERNE AVENUE</del>	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KESSLER, APOLLONIA K.	
STREET ADDRESS	<del>2021 LUCERNE AVENUE</del>	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>5700 COLLINS AVE. #12K</b>
1.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5700 COLLINS AVE. #12-K</b>
2.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>5700 COLLINS AVE. 12-K</b>
3.4 CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Apollonia Kessler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 305/7991362  
 Date Daytime Phone #

CR2E034 (1/198)