## 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 #** 563753 1. Corporation Name

APPROX, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90037 013 \*\*\*150.00



	e of Business	Mailing Address				i i			
701 SE 6TH AV	/E #204	701 SE 6TH AVE	#204			1			
DELRAY BEACH		DELRAY BEACH	FL 33483						
US		US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			Ì
						04/04/1978			
2 Principal Di	lace of Business	2a. Mailing Addr	ess			4. FEI Number		A	pplied For
···	ingo of Differences	<b>├</b> ─┐				59-1890130			ot Applicable
21		26				39 1090 130			Additional
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		مراجعت الهجواني	5Certifcate of Status Desired		Fee R	
22		27							
City & State	e	City & State				6. Election Campaign Financing	П		May Be
23	,	28		-		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the curre	nt year Intai	ngible	l
24	25	29	30			Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren			1		10. Name and Address of New Ro	egistered A	.aent	
	9. Name and Address of Current	r Kegistered Agent		81	Name	10.		<u> </u>	
DAD	פע בו ספבפרווב				144110				
BARRY FLORESCUE				82 Street Address (P.O. Box Number is Not Acceptable)			ole)		
	SE 6TH AVE.				l	·			
DELF	RAY BEACH FL 33483			83	 				
				<u> </u>				T	
	•			84	City		FL	85 Zip	Code
		2 and 607 4500 Flori	ida Ctatulas th	o above	named con	poration submits this statement for the p	numose of c	ti pnipost	s registered
office or n	registered agent, or both, in the State of manifer with, and accept the obligation	of Florida. Such char	ide was author	ized by	the corporati	ion's board of directors. I hereby accept	the appoin	tment as r	egistered
SIGNATURE								·	
0,0,0,0,0	Signature, typed or printed name of registered agen				t signature requir	ed when reinstating)	DATE		222 11.12
12.	OFFICERS AN	D DIRECTORS		13.	<del></del>	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE ·	DP		ELETE 1	.1 TITLE				Change	☐ Addition
	UF				ı				
NAME ·	, •,			1.2 NAME					
	FLORESCUE, BARRY	_ u	1	I.2 NAME	ADDRESS				
STREET ADDRESS	FLORESCUE, BARRY 701 SE 6TH AVE.		1	I.2 NAME I.3 STREET	ADDRESS				,
STREET ADDRESS CITY-ST-ZIP	FLORESCUE, BARRY 701 SE 6TH AVE. DELRAY BEACH FL		1	1.2 NAME 1.3 STREET 1.4 City-St				☐ Change	
STREET ADDRESS	FLORESCUE, BARRY 701 SE 6TH AVE. DELRAY BEACH FL VS		1	I.2 NAME I.3 STREET		•		☐ Change	
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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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if change), or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR