SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $106 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **741159** **(8)**

1. Corporation Name
APPLE CREEK UNIT SIX, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7301 W SUNRISE BLVD PLANTATION FL 33313 US	7301 W SUNRISE BLVD PLANTATION FL 33313 US

3. Date Incorporated or Qualified: **12/07/1977**
3a. Date of Last Report: **04/05/1994**
4. FEI Number: **59-1863274** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KING, MARY
7503 W. SUNRISE BLVD.
PLANTATION 33313

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE		☐ Change ☐ Addition
NAME	BAGNALL, CHRISTOPHER	1.2 NAME		
STREET ADDRESS	7507 W SUNRISE BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33313	1.4 CITY-ST-ZIP		
TITLE	~~DVP~~	2.1 TITLE		☒ Change ☐ Addition
NAME	~~GLEN, DAVID~~	2.2 NAME		
STREET ADDRESS	~~7461 W SUNRISE BLVD~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~PLANTATION FL~~	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	BIRD, JANETTE	3.2 NAME		
STREET ADDRESS	7569 W SUNRISE BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 00000	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, MARY	4.2 NAME		
STREET ADDRESS	7503 W SUNRISE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, BYRON	5.2 NAME		
STREET ADDRESS	7505 W SUNRISE BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	DVP	☐ Change ☒ Addition
NAME		6.2 NAME	FISHER, STEWART	
STREET ADDRESS		6.3 STREET ADDRESS	7543 W. SUNRISE BLVD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PLANTATION FL 33313	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary King MARY KING 6/8/95 327-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010100