

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000002989 (2)

1. Corporation Name  
THE APPLETREE COMPANIES, INC.



Principal Place of Business

Mailing Address

ONE BOCA BLVD  
2255 GLADES RD SUITE 200-E  
BOCA RATON FL 33481  
XXXXXXXXXX

ONE BOCA BLVD  
2255 GLADES RD SUITE 200-E  
BOCA RATON FL 33481  
XXXXXXXXXX

2. Principal Place of Business

21 AMERICAS FOODS, INC

Suite, Apt. #, etc.

22 5732 Curlew Drive

City & State

23 Norfolk, VA

Zip

24 23502

Country

25

2a. Mailing Address

26 AMERICAS FOODS, INC

Suite, Apt. #, etc.

27 5732 Curlew Drive

City & State

28 Norfolk, VA

Zip

29 23502

Country

30

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

04/08/1996

4. FEI Number

65-0205933

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

g. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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

TITLE PCC  
NAME KRVIZ, PAUL  
STREET ADDRESS 2255 GLADES RD SUITE 200-E  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

TITLE TVCD  
NAME DIMACCHIA, JUSTIN  
STREET ADDRESS 2255 GLADES RD SUITE 200-E  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETE

TITLE SV  
NAME KRAVITZ, ADAM  
STREET ADDRESS 2255 GLADES ROAD, SUITE 200 E  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

TITLE D  
NAME SORESEN, ALAN C  
STREET ADDRESS 2255 GLADES RD SUITE 200-E  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETE

TITLE V  
NAME BOONE, JOHN T  
STREET ADDRESS 2255 GLADES RD SUITE 200-E  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

TITLE D  
NAME KELLY, GEORGE  
STREET ADDRESS 2255 GLADES RD SUITE 200-E  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE TVCD  
2.2 NAME DIMACCHIA, JUSTIN  
2.3 STREET ADDRESS 5732 CURLEW DRIVE  
2.4 CITY-ST-ZIP NORFOLK, VA 23502  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE D  
4.2 NAME SORESEN, ALAN C  
4.3 STREET ADDRESS 5732 CURLEW DRIVE  
4.4 CITY-ST-ZIP NORFOLK, VA 23502  
☒ Change ☐ Addition

5.1 TITLE PC D  
5.2 NAME DONLEVY, JOHN  
5.3 STREET ADDRESS 5732 CURLEW DRIVE  
5.4 CITY-ST-ZIP NORFOLK, VA 23502  
☐ Change ☒ Addition

6.1 TITLE D  
6.2 NAME KELLY, GEORGE  
6.3 STREET ADDRESS 5732 CURLEW DRIVE  
6.4 CITY-ST-ZIP NORFOLK, VA 23502  
☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(1), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/97 757-466-9200

CR2E034 (9/96)