SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93000004251 (5)

APOLLO CAPITAL CORP.

FILED Jul 29 1997 8:00am Secretary of State



Principal Plac 150 SECOND : 860 ST PETE FL 3	AVE N		150 SE 890 ST PET	ST PETE FL 33701				DO NOT WRITE IN THIS SPACE			
U\$			US	US				 Date Incorporated or Qualified 09/20/1993 	3s. Date of Last Report 04/15/1996		
<u> </u>	lace of Business			ing Address				4. FEI Number 59-3190777		-	opplied For
Sulte, Apt.	#, etc.		26 Suit	e, Apt. #, etc.						····	lot Applicable Additional
22			27					5. Certificate of Status Desired			Required
City & State	Ө		City	& State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip		Country	Zip		Co	untry		8. This corporation owes or has	paid the cur		
24	25		29		30			Personal Property Tax due Ju			□ No
10.11	e, Name and E KRUEGER	Address of Curren	nt Registered	Agent		B1	Name	10. Name and Address of New I	Registered	Agent	
150 SECOND AVE NO SUITE 860 St pete FL 33701				82			Street Add	fress (P.O. Box Number is Not Accept	able)		
•		•				83					
	1					84	City			05 7:-	Codo
						07	City		FL	. 85 Zip	Code
11. Pursuant office or ragent. La	to the provisions registered agent, im familiar with, a	of Sections 607.050 or both, in the State and accept the obliga	2 and 607.15 of Florida. Stations of, Sec	08, Florida Stat uuch change wa s stion 607.05 05 , F	utes, the a authorize florida Sta	bove d by tutes	e-named cor, the corpora s.	poration submits this statement for the alion's board of directors. I hereby acc	e purpose of cept the app	f changing ointment a	its registered s registered
	Signature, typed or pri	inted name of registered age				ed Age	nt signature requ	red when reinstating)	DATE		DO 0140
12.	PD	OFFICERS AN	D DIRECTOR	S DELETE	13.	TILE		ADDITIONS/CHANGES TO OF	-ICERS AND	Change	
NAME	KRUEGER, K	CYLE		C 2000010		IAME				C orango	
STREET ADDRESS	150 SECONI	D AVE NO SUITE	860		1		ADDRESS				!
CITY-ST-ZIP	ST PETE FL				1.4 0	aty-s	T-ZIP				
TALE	S			DELETE	2.1 7	ITLE				Change	Addition
NAME	KRUEGER, A	IORE BLVD. NE				IAME					
STREET ADDRESS	ST. PETERS						ADDRESS				
CITY-ST-ZIP TITLE	01.72.2.0	55.10.12		DELETE	31 T		ST-ZIP			Change	Addition
NAME	!					IAME					=
STREET ADDRESS					3.3 5	TREET	ADDRESS				
CITY-ST-ZIP	<u>i</u>				3.4.	CITY-9	ST-ZIP			-	
TITLE				DELETE	4.1 T					Change	Addition
NAME ATREET ARROSON	:					NAME	4000000				
STREET ADDRESS City-St-Zip						ITREET SITY-S	ADDRESS				
TITLE				DELETE	5.1 1		1-211			Change	Addition
NAME					- 1	IAME	-				
STREET ADDRESS	i				538	TREET	ADDRESS				
CITY-ST-ZIP						ITY-S	T-ZIP			TT 6.	F1276
TITLE			•	DELETE	6.1 1					☐ Change	Addition
NAME						IAME	ADDRESS				
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	*				6.4 (ITY-S	1-211				

14. I do hereby certify that the information supplied with this filling 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 logal 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.

THE BEAUGINED

2/26/9/ 813.521.268/