

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000004670 (5)**

1. Corporation Name

APHTON CORPORATION



Principal Place of Business

**80 S.W. 8TH ST.
SUITE 2160
MIAMI FL 33130**

Mailing Address

**444 BRICKELL AVENUE
SUITE 51-507
MIAMI FL 33131-2492**

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite Apt # etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WHITMORE, JENNETTE L
80 S.W. 8TH ST.
SUITE 2160
MIAMI FL 33130**

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

04/06/1995

4. FEI Number

95-3640931

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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, general agent, and accept the obligations of, Section 607.1508, Florida Statutes.

SIGNATURE

Signature of person who is changing the registered office or agent

Signature of Registered Agent (signature required after meeting)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

12 NAME

12a. NAME

12b. STREET ADDRESS

12c. CITY, STATE, ZIP

12d. NAME

12e. STREET ADDRESS

12f. CITY, STATE, ZIP

12g. NAME

12h. STREET ADDRESS

12i. CITY, STATE, ZIP

12j. NAME

12k. STREET ADDRESS

12l. CITY, STATE, ZIP

12m. NAME

12n. STREET ADDRESS

12o. CITY, STATE, ZIP

12p. NAME

12q. STREET ADDRESS

12r. CITY, STATE, ZIP

**P
GEVAS, PHILIP C
26 HARTER AVE.
WOODLAND CA 95776
V
BROOME, PAUL
26 HARTER AVE.
WOODLAND CA 95776
AS
RUSSELL, SUE
26 HARTER AVE.
WOODLAND CA 95776
T
JACOBS, FRED
26 HARTER AVE.
WOODLAND CA 95776
V
ASCIONE, RICHARD
26 HARTER AVE.
WOODLAND CA 95776
V
MICHAELI, DOV
26 HARTER AVE.
WOODLAND CA 95776**

13.

13a. NAME

13b. NAME

13c. STREET ADDRESS

13d. CITY, STATE, ZIP

13e. NAME

13f. NAME

13g. STREET ADDRESS

13h. CITY, STATE, ZIP

13i. NAME

13j. NAME

13k. STREET ADDRESS

13l. CITY, STATE, ZIP

13m. NAME

13n. NAME

13o. STREET ADDRESS

13p. CITY, STATE, ZIP

13q. NAME

13r. NAME

13s. STREET ADDRESS

13t. CITY, STATE, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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)(k), 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitally Signed by

CR2E034 (12/95)