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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9400006272 (8)

APOLLO INTERNATIONAL OF DELAWARE, INC.

Principal Place	of Business	Mailing Address			E TEBRIER HISO ISHII SERII SERII BENII BE	T TREATHER DISTO COLON BURNT OF DITT OF DITT OF DITTE OF DISTORATION OF STATE OF STA			
8542 N US HWY 41 BTE 215		8542 N US HWY 41 STE 215							
APOLLO BEACH FL 83572		APOLLO BEACH FL 33572-1705		2 Colorado do Contrato	10-0		11		
U8 		US			3. Date incorporated or Qualified 12/08/1994	1	te of Last R 01/1996	leport	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ar	oplied For		
21		26		59-3285046			ot Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	X		Additional equired		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be				
23	Country	28	Countr		Trust Fund Contribution			to Fees	
Zip 24	Country Z _{IP} Cc			у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes □ No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
CL A	RKE, DAVID W		8	Name					
1018 SYMPHONY ISLES BLVD.				OO Charles (D.C. Davidson and D.C. Davidson and					
	OLLO BEACH FL 33572		82		Address (P.O. Box Number is Not Acceptable)				
731 \	DENOTT L GOOTE		83	3					
÷			84	L Cit			let 7.0	Codo	
			0,	City		FL	85 Zip	Code	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig-	2 and 607.1508, Florida Statut of Florida Such change was ations of, Section 607.0505, FI	les, the abor authorized b lorida Statuti	re-named by the corp as.	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of pt the appo	changing i pintment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and lifte if applicable. (NOT	It Registered A	oent signature	c (equired when reinstating)	DATE		·	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	11 117LE		V		Change	X Addition	
NAME	CLARKE, DAVID W		1.2 NAME		Steven D. Smith				
STREET ADDRESS	1018 SYMPHONY ISLES BLVI).	1.3 \$1RE	1 ADDRESS	5401 Twin Creeks Drive				
CITY-ST-ZIP	APOLLO BEACH FL 33572		1.4 CHY	ST - ZIP	Vale10 FL 33594				
TITLE	ST	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	CLEWES, CHRISTINE		2.2 NAM]				
STREET ADDRESS	1018 SYMPHONY ISLES BLVI).	2.3 STREE	1 ADDRESS					
CITY-ST-ZIP	APOLLO BEACH FL 33572		2. 4 City	S1-ZIP			, 		
TITLE		☐ DELETE	3.1 7171.5				Change	Addition	
NAME			3.2 NAM						
STREET ADDRESS			3 3 S1RU	T ADDRESS					
CITY-ST-ZIP		DELETE	3.4. C(TY	-SI - ZIP			T 05	T. Lauren	
TITLE		☐ DELETE	4.1 TITLE				L Change	Addition	
NAME			4. 2 NAM						
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	\$1-ZIP			Change	Addition	
NAME		L DICCIL	5.1 HILC 5.2 NAME				L Orlange	L. AQQIIIQII	
STREET ADDRESS			1	1 ADDRESS					
CITY-ST-ZIP			5 4 C/1Y						
TITLE		DELETE	61 THLE	01-11			Change	Addition	
NAME			62 NAME						
STREET ADDRESS				t address					
CITY-ST-ZIP			6.4 CHY-		1				
14. Ldo herel	by certify that the information supplie	d with this filing does not quali	ify for the ex	emption s	T stated in Section 119.07(3)(i), Florida Statuti	es. I further	certify that	the	
l informatio	n indicated on this annual report or s	supplemental annual report is t	true and acc	curáte and	d that my signature shall have the same leg report as required by Chapter 607, Florida	al effect as	if made un	der oath: that	