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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # G86773**

APPLEBAUM & ASSOCIATES, SOUTH, INC.					
Principal Place	e of Business	Mailing Address			E minet sindi nemil bindi nemil soni
% RAY C. APPLEBAUM		% RAY C. APPLEBAUM			
1100 NW 73RD ST		1100 NW 73RD ST		DO NOT WRITE IN THIS SPACE	
MIAMI FL 3315		MIAMI FL 33150		3. Date Incorporated or Qualifed	
}				02/28/1984	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2436282	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional     Fee Required
City & State		City & State		10 Th. (10 December 1)	
23	e	28	•	6. Election Campaign Financing Trust Fund Contribution	* \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	· · · · · · · · · · · · · · · · · · ·
24	25	29		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
ADD	ICDAIN DAV C		81 Name		
APPLEBAUM, RAY C. 1100 NW 73RD ST			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL			83		
With the	, ·		03		
		•	84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na				oration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was auf	horized by the comoratio	n's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	·	o., c			
	Signature, typed or printed name of registered agent		Registered Agent signature required		
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P Applebaum, Ray C	☐ DETE IE	1.1 TITLE		☐ Change ☐ Addition
NAME	1100 N W 73 STREET		1.2 NAME  1.3 STREET ADDRESS	•	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME.	APPLEBAUM, FREDRICA L		2.2 NAME		
STREET ADDRESS	1100 N W 73 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	17.5 AN Q 2 S	☐ DELETE	3.1 TITLE		~ Change ~ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		□ Delete	3.4. CITY-ST-ZIP		Change
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	•		4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS 4.4 City-St-ZiP		,
CITY-ST-ZIP	<del></del>	☐ DELETE	5.1 TITLE		Change Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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 of 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 of the receive 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90061 019 \*\*\*150.00