

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 3:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H33350

(0)

1. Corporation Name

APOLLO CAY CORPORATION

Principal Place of Business

**6380 MARBELLA BLVD
PO BOX 3153
APOLLO BEACH FL 33572**

Mailing Address

**6380 MARBELLA BLVD
PO BOX 3153
APOLLO BEACH FL 33572**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/10/1984

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2473643

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**

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOLLNER, RICHARD H.
2700 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	MAHAYNI, ZAKI
STREET ADDRESS	6380 MARBELLA BLVD
CITY- ST- ZIP	APOLLO BEACH FL
TITLE	S
NAME	SOLLNER, RICHARD H.
STREET ADDRESS	101 E KENNEDY BLVD
CITY- ST- ZIP	TAMPA FL
TITLE	D
NAME	GRAF, KLAUS
STREET ADDRESS	PASSAVANTSTRASSE 22
CITY- ST- ZIP	FRANKFURT GE
TITLE	VAS
NAME	CARTWRIGHT, JO ANN
STREET ADDRESS	6380 MARBELLA BLVD.
CITY- ST- ZIP	APOLLO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	EVP
5.3 STREET ADDRESS	Robert L. Heffner
5.4 CITY- ST- ZIP	6380 Marbella Boulevard
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 attachment with an address.

SIGNATURE:

Zaki Mahayni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

(813) 645-0203