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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H33350

(0)

**APOLLO CAY CORPORATION** 

Mailing Address

Principal Place of Business

**FILED** Apr 23 1997 8:00am Secretary of State



PO BOX 3153 APOLLO BEACH FL 33572		PO BOX 3153	PO BOX 3153 APOLLO BEACH FL 33572-1001		3. Date Incorporated or Qualified	3a. Date of Last Report	
					12/10/1984	05/09/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	7
21		26	26		59-2473643	Not Applicable	e
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	7
23		28			Trust Fund Contribution	☐ Added to Fees	
Zip	Country	Zip .	Countr	У	8. This corporation has liability for		
24	25		30]		Florida Statutes Yes No  10. Name and Address of New Registered Agent		_
	9. Name and Address of Curre	ent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	-
SOLLNER, RICHARD H.			0,	Ivaille			İ
101	O BARNETT PLAZA EAST KENNEDY BLVD.		82		t Address (P.O. Box Number is Not Acceptable)		
TAN	IPA FL 33602		83	1			1
			84	- 7		FL 85 Zip Code	
11. Pursuant to office or reagent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 607.1508, Florida Statute e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the abov uthorized b rida Statute	re-named y the corp s.	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered	1
SIGNATURE	Signature, lyped or printed name of registered a	gent and title if applicable (NO1E	: Registered Ac	ent signature	required when reinstating)	DATE	.
12. OFFICERS AND		DIRECTORS 13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	79
TITLE	PTD	☐ DELETE	1.1 TITLE			Change Addition	ᆔ
NAME	Mahayni, zaki		1.2 NAME				
STREET ADDRESS	6380 MARBELLA BLVD		1.3 STHEF	T ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL	***************************************	14 CITY-	S1 - ZIP			[8
TITLE	8	☐ DELETE	21 TITLE			Change Addition	n   C
HAME	SOLLNER, RICHARD H.		2.2 NAME				
STREET ADDRESS	101 E KENNEDY BLVD			T ADDRESS			
CITY-ST-ZIP	TAMPA FL	Doute	2 4 GHY - S1 - ZIP				_
TITLE	D DATE PLANE	☐ DÉLETE	3 1 TITLE			☐ Change ☐ Addition	n
NAME	GRAF, KLAUS PASSAVANTSTRASE 22		3.2 NAME				
STREET ADDRESS	FRANKFURT GE		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	VAS	DELETE	34. CITY- 41 TITLE	S1- ZIP		Change Addition	_
NAME	CARTWRIGHT, JO ANN	[_] beter	4 2 NAME			El cusulto El Vando	"
STREET ADDRESS	6380 MARBELLA BLVD.			T ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL			S1-ZIP			
TITLE	EVP	XX DELETE	51 TITLE			☐ Change 【X Addition	<u></u>
NAME	ROBERT L. HEFFNER		5.2 NAME	_ · -	Fernandez, David R.		
STREET ADDRESS				T ADDRESS	6380 Marbella Blvd.		
CITY-ST-ZIP	APOLLO BEACH FL	-	5.4 CHY-S1-ZIP		Apollo Beach, FL		
TITLE		DELETE	61 TITLE			Change Addition	n
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP	(		64 CITY-	S1 - 71P			

14. I do 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 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 employeed 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.