

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

FILED  
Feb 11 1997 8:00am  
Secretary of State

DOCUMENT # **H66524** (0)

1. Corporation Name  
**APEX MARITIME CORP.**

Principal Place of Business  
**% JOEL P. KOEPPPEL**  
**11800 BISCAYNE BLVD., #501**  
**N. MIAMI FL 33181**

Mailing Address  
**2001 MARCUS AVENUE**  
**N. 215**  
**LAKE SUCCESS NY 11042-1011**



3. Date Incorporated or Qualified **07/15/1985** 3a. Date of Last Report **10/28/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2644847** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPELKE, CLIFFORD**  
**11800 BISCAYNE BLVD., #501**  
**NORTH MIAMI FL 33181**

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

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |          |
|----------------------------|------------------|---|----------|
| TITLE                      | NAME             | 1.1 TITLE   | 1.2 NAME |
| PD                         | BERGER, LEO V.   |   |          |
| % 2001 MARCUS AVE.         |                  | 1.3 STREET ADDRESS                                    |          |
| LAKE SUCCESS NY            |                  | 1.4 CITY-ST-ZIP                                       |          |
| VSD                        | SPELKE, CLIFFORD | 2.1 TITLE   |          |
| % 2001 MARCUS AVE.         |                  | 2.2 NAME  |          |
| LAKE SUCCESS NY            |                  | 2.3 STREET ADDRESS                                    |          |
| D                          | SPELKE, LESLIE   | 2.4 CITY-ST-ZIP                                       |          |
| 2001 MARCUS AVENUE         |                  | 3.1 TITLE   |          |
| LAKE SUCCESS NY            |                  | 3.2 NAME  |          |
|                            |                  | 3.3 STREET ADDRESS                                    |          |
|                            |                  | 3.4 CITY-ST-ZIP                                       |          |
|                            |                  | 4.1 TITLE   |          |
|                            |                  | 4.2 NAME  |          |
|                            |                  | 4.3 STREET ADDRESS                                    |          |
|                            |                  | 4.4 CITY-ST-ZIP                                       |          |
|                            |                  | 5.1 TITLE   |          |
|                            |                  | 5.2 NAME  |          |
|                            |                  | 5.3 STREET ADDRESS                                    |          |
|                            |                  | 5.4 CITY-ST-ZIP                                       |          |
|                            |                  | 6.1 TITLE   |          |
|                            |                  | 6.2 NAME  |          |
|                            |                  | 6.3 STREET ADDRESS                                    |          |
|                            |                  | 6.4 CITY-ST-ZIP                                       |          |

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 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: *Leslie B. Spelke* REQUIRED 4/15/97 (516) 775-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone