SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT OUE ON OR BEFORE 09/30/98; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Oct 15 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # H66524 (0)APEX MARITIME CORP. Principal Place of Business Malling Address % JOEL P. KOEPPEL 2001 HAMROXIS MAXIMINIS 11900 BISCAYNE BLVD.#501 DO NOT WRITE IN THIS SPACE N.MIAMI FL 33181 **%%%%%%** 3. Date Incorporated or Qualified 07/15/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2644847 P.O. Box 331580 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 28 Coconut Grove, Florida 23 Trust Fund Contribution Country 8, This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country ₂₉]33233-1580 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPELKE, CLIFFORD 11900 BISCAYNE BLVD., #501 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33181

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, soction 607.0505, Florida Statutes.

83

84 City Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TITLE DELETE BERGER, LEO V. NAME 1.2 NAME % 2001 MARCUS AVE. STREET ADDRESS 1.3 STREET ADDRESS LAKÉ SUCCESS NY 1.4 CiTY-ST-ZIP CITY-ST-ZIP VSD TITLE DELETE 2.1 TITLE Change Addition SPELKE, CLIFFORD 2.2 NAME NAME % 2001 MARCUS AVE. 2.3 STREET ADDRESS STREET ADORESS LAKE SUCCESS NY CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition SPELKE, LESLIE 3.2 NAME NAME 2001 MARCUS AVENUE STREET ADDRESS 3,3 STREET ADDRESS LAKE SUCCESS NY 3.4 CITY-ST-ZiP CITY-ST-ZIP TITLE DELETE 4,1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; that i am an officer or director of the observation or the receiper 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 many d, or on an application with an address.

10/13/18