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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996
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DOCUI 1. Corporation		# H95	179	(8)							
MOC /	<b>APIARIES</b>	, INC.									
Principal Place	of Business		Ma	ailing Address							
					MODTH						
ROYAL PALM US			F	11057 59TH STREET NORTH ROYAL PALM BEACH FL 33411 US							
<del>-</del>							3. Date Incorporated or 0 01/22/1986	Qualified		of Last R 8/25/19	
<ol> <li>Principal Pla</li> </ol>	ace of Busine	0SS	<u></u>	Mailing Address			4. FEI Number				Applied For
Suite, Apt. i	#, etc.	- <del> </del>	26	Suite, Apt. #, etc.			59-2641091				Not Applicable
2			27	and to proper and other			5. Certificate of Status De	esired			Additional Required
City & State	)			City & State		<del>-</del>	6. Election Campaign Fin	ancing			0 May Be
3			28				Trust Fund Contribut <sub>1</sub> o	on			to Fees
Ζιρ <b>4</b>		Country 25	29	Zip	Counti	ry	8. This corporation has lia			x under s	199.032,
·		and Address of Cu		ered Agent	30	···-	Florida Statutes  10. Name and Address (		☐ No legistered	Agent	<del></del>
					8	1 Name	, 0,		9.0.0160	- Serie	
	EDMUND				8	Street Add	ress (P.O. Box Number is Not	Accentals	le)		<del></del>
	9th St., N						ress (i.e. Exix rediring is rest	- Cockitati	16)		
ROYAL I	Palm Bea	CH FL 33411			8:	3					<del></del>
					84	4 City	#			85 Zig	Code
11. Pursuant to or registere familiar wit	o the provision of the	ons of Sections 607.0 both, in the State of bothe obligations of,	0502 and 607 Florida, Such Section 607.0	.1508, Florida Statu change was authorio 505, Florida Statute	ites, the above	1 ′	ration submits this statement for and of directors. I hereby accept	- 1	FL pose of cha pintment as	1 1 1	Code egistered offic agent. Lam
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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER AND TYPED OR PRINTER OF SIGNING OFFICER OR DIRECTOR