

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K63555

(2)

1. Corporation Name

APIX INC.

Principal Place of Business

23198 L'ERMITAGE CIR
BOCA RATON FL 33433

Mailing Address

23198 L'ERMITAGE CIR
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1989

4. FEI Number

65-0103855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7829 GREENBRIAR PKWY

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL

24 Zip

25 USA

2a. Mailing Address

26 7829 GREENBRIAR PKWY

Suite, Apt. #, etc.

27 City & State

28 ORLANDO FL

29 Zip

30 USA

9. Name and Address of Current Registered Agent

TSIPOURAS, PETER J.
23198 L'ERMITAGE CIR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name TSIPOURAS, PETER J.

82 Street Address (P.O. Box Number is Not Acceptable)
7829 GREENBRIAR PKWY

83

84 City ORLANDO

FL

85 Zip Code

32819

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

TITLE ☐ DELETE

NAME D
STREET ADDRESS TSIPOURAS, CHRIS J.
CITY-ST-ZIP 23198 L'ERMITAGE CIR
BOCA RATON FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS TSIPOURAS, PETER J.
CITY-ST-ZIP 23198 L'ERMITAGE CIR
BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 7829 GREENBRIAR PKWY

1.4 CITY-ST-ZIP ORLANDO FL - 32819

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 7829 GREENBRIAR PKWY

2.4 CITY-ST-ZIP ORLANDO FL - 32819

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

CR2E034 (10/97)