

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L13160 (1)

1. Corporation Name
JACK APOIAN, INC.



Principal Place of Business 1012 N OCEAN BLVD #129 POMPANO BEACH FL 33062	Mailing Address 1012 N OCEAN BLVD #129 POMPANO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1500 S. Dixie Hwy E Suite, Apt. #, etc. 22 # 127 City & State 23 Pompano Bch FL Zip Country 24 33062 25 US	2a. Mailing Address 26 1012 N Ocean Blvd Suite, Apt. #, etc. 27 PK-3 City & State 28 Pompano Bch FL Zip Country 29 33062 30 US
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3. Date Incorporated or Qualified 08/30/1989	4. FEI Number 65-0139323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent

APOIAN, JACK
1012 N. OCEAN BLVD.
PH3
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name JACK APOIAN
82 Street Address (P.O. Box Number is Not Acceptable) 1012 N OCEAN DR.
83
84 City Pompano
85 Zip Code FL 33062

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 *Jack Aporian*
 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 PD	<input type="checkbox"/> DELETE
NAME APOIAN, JACK	
STREET ADDRESS 1012 N. OCEAN BLVD. PH3	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME APOIAN, JACK	
STREET ADDRESS 1012 N. OCEAN BLVD. PH3	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Jack Aporian* 7-17-98

CF2E034 (10/97)