

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sageva B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:10

DOCUMENT # *L46326*

1. Corporation Name

APPLE TREE INVESTMENT, INC.
c/o Stuart E. Soff

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900001482549
-05/10/95--01055--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/25/90
3a. Date of Last Report

4. FEI Number 65-0274957
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt #, etc		Suite, Apt #, etc	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent
STUART E. SOFF
4800 North Federal Hwy
#300D
Boca Raton, FL 33431

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 of Registered Agent required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart E. Soff	2. NAME	
STREET ADDRESS	4800 N. Federal Hwy #300D	3. STREET ADDRESS	
CITY ST ZIP	Boca Raton, FL 33431	4. CITY ST ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY ST ZIP		8. CITY ST ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY ST ZIP		12. CITY ST ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY ST ZIP		16. CITY ST ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY ST ZIP		20. CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial 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 and would be required 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: *Stuart E. Soff* 4/28/95 47-393-8780
SIGNATURE OF YOUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CORPORATION
ANNUAL REPORT
199**



FLORIDA DEPARTMENT OF STATE
JAN Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 10 11 10:17

TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

1. Corporation Name CENTRAL INNS, INC.	DOCUMENT # L49003 (1)
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Mailing Address Suite 105 120 East Oakland Park Boulevard Fort Lauderdale, Florida 33334	Principal Place of Business same
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 25 Suite, Apt #, etc 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 2/5/90	3a. Date of Last Report 4/17/94
4. FEI Number 59-3002367	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**William F. Beggs, Esquire
Beggs and Vecchio, Attorneys
PH-A, 2929 E. Commercial Blvd.
Ft. Lauderdale, Fl. 33308
305-772-5132**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: **5/5/95**

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
11 TITLE P, S 12 NAME T, D 13 STREET ADDRESS 14 CITY-ST-ZIP	Donald R. LeGault Suite 105/120 E. Oakland Pk. B Ft. Lauderdale, Fl. 33334
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald R. LeGault DATE: **5/5/95** 305-463-2200

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Donald R. LeGault, President**