

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L62615** (4)

1. Corporation Name

APPELADY HOLDINGS (U.S.), INCORPORATED



Principal Place of Business

**4280 GALT OCEAN DR. PH-M
FT LAUDERDALE FL 33308-3147**

Mailing Address

**4280 GALT OCEAN DR. PH-M
FT LAUDERDALE FL 33308-3147**

3. Date Incorporated or Qualified
04/05/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **4280 GALT OCEAN DR**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 **4N**

27 Suite, Apt. #, etc.

28 City & State

23 **FOOT LAUDERDALE FL**

28 City & State

24 Zip

24 **33308**

Country

25 **FLORIDA**

29 Zip

30 Country

4. FEI Number

59-3003325

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**

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**PRENTICE HALL CORP. SYSTEM INC..
1201 HAYES ST. SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent sign and date when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **METEVIER, THOMAS E.**
CITY - ST - ZIP **4280 GALT OCEAN DR #PH-M
FT. LAUDERDALE FL**

TITLE ☒ DELETE

NAME **FABRIZIO, APPUGLIESI**
STREET ADDRESS **116 DIANA WOOD RIDGE**
CITY - ST - ZIP **WOODBIDGE, ONT, CAN**

TITLE ☐ DELETE

NAME **PTD**
STREET ADDRESS **APPUGLIESI, GIANCARLO**
CITY - ST - ZIP **101 BLOOMINGDALE LANE
WOODBIDGE, ONT, CAN**

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

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

THOMAS E. METEVIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

954 566 0374

DATE

Daytime Phone

CR2E034 (12/95)