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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62615

(4)

APPLELADY HOLDINGS (U.S.), INCORPORATED

Principal Place of Business Mailing Address						t iff Meifin and anna team Bridt killat an	, arbii ain ii A	inti ninii dini	1 81811 1881
4290 GALT OC SUITE 4N ET LAUDERDA		4280 GALT OCEA FT LAUDERDALE							
FT. LAUDERDALE FL 33308 US						3. Date Incorporated or Qualified 04/05/1990 38. Date of Last Report 04/16/1996			
2. Principat Pt	lace of Business	2a. Mailing Addre				4. FEI Number 59-3003325			pplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	×	·	Additional equired
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
_ Zp □	Country	Zip		untry	/	8. This corporation has liability for			s. 199.032 ₁
24	Q Name and Address O	29 29 Formula	30	Т-		Florida Statutes L 10. Name and Address of New Re	Yes [
				81	Name	IO. Name site Address of New York	Aretal an v	Quit	
	NTICE HALL CORP. SYS	TEM INC		Ľ.					
1201 HAYES ST. SUITE 105 TALLAHASSEE FL 32301				82		ess (P.O. Box Number is Not Acceptable)			
				83					
				84	- /		FL		Code
office or r	registered agent, or both, in t ini familiar with, and accept t	he State of Florida. Such chan he obligations of, Section 607.	ge was authoriz 5505, Florida St	ed by atute	y the corpora s.	poration submits this statement for the ation's board of directors. I hereby acce	pt the app	ointment as	registered
12.	Signature typed or printed name of reg	istered agent and title if applicable ERS AND DIRECTORS	(NOTE: Register		ent algnature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	RS IN 12
TITLE	SD	DE		TITLE		Application of the desired to diffe	JEINO MIND	Change	Addition
NAME	METEVIER, THOMAS E			NAME	1			_ •	
SIREET ADDRESS	4280 GALT OCEAN DE				1 ADDRESS				
CITY ST ZIP	FT. LAUDERDALE FL		1.4	CITY - S	ST-ZIP				
TITLE	PTD	DE	LETE 2.1	TITLE				Change	Addition
NAME	APPUGLIESI, GIANCAF		2.2	NAME					
STREET ADDRESS	101 BLOOMINGDALE L		2.3	STREET	T ADDRESS				
CHY+ST-ZIP	WOODBRIDGE,ONT,CA				ST-ZIP				1.000
TITLE		∐ D€		TITLE				Change	Addition
STREET ADDRESS				NAME exoce:	T AODRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DE		TITLE	31 * Zir		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME				NAME				_ •	
STREET ADDRESS			4.3	STREE	T ADDRESS				
CITY-S1-ZIP			4.4	CITY-	ST-ZIP				
TITLE		□ DE	LETE 5.1	TATLE				☐ Change	Addition
NAME:			5.2	NAME					
STREET ADDRESS			5.3	STREE	T ADDRESS				
CHY+S1+Z6*		Пм			ST-ZIP			Change	Addition
HILE		[]] DE		TITLE				Change	Addition
NAME CTOTE L AMODE CO				NAME STORE					
STREET ADDRESS					T ADDRESS S1-ZIP				
14. I do herel	by certify that the information	supplied with this filing does	not qualify for th	e ex	emption state	ed in Section 119.07(3)(i), Florida Statuti	es. I furthe	certify tha	it the
informatic Lam an o appears i	on indicated on this annual re officer or director of the corpo in Block 12 or Block 13 if ob-	unais as a unalamantai aanual s	eport is true and e empowered to		urata and the	at my signature shall have the same leg ort as required by Chapter 607, Florida	al affaat ac	il mada ir	ndar anthi that
SIGNAT	URE:	TVPEO OR PRINTED NAME OF SIGNIN	OFFICER OR DIRE	CTOR	٠ بر	Date	Ď	aytime Fhone #	