

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L62620

(4)

1. Corporation Name

APPLELADY, INCORPORATED

Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3003326

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 2929 E. Commercial Blvd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Fort Lauderdale FL

28

24 Zip

Country

29 Zip

Country

24 33308

25 Broward

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
4201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

Thomas E. Metevier

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

Suite PH-M

83

4280 Galt Ocean Dr.

84 City

Fort Lauderdale

85

Zip Code

FL 33308

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

Thomas E. Metevier

(NOTE: Registered Agent signature required when reappointing)

DATE

4-30-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(b), 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: **THOMAS E. METEVIER**

Thomas E. Metevier

4-30-95

305-566-0374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #