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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L62620

(4)

Mailing Address

APPLELADY, INCORPORATED

Apr 16 1998 8:00am Secretary of State

FILED



| 7 8 N GOMPAS FT. LAUDERDA US | | 4280 GALT DOEAN DR.: WPHY FT LAUDERDALE FL 33308 | M | DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 04/05/1990 | SPACE |
|---|--|---|---------------------------------|---|-----------------------------------|
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 6500 | Nw 15th Ave St 10 | Q ₂₆ 6500 NW 15th | Ave Stel0 | · φ 59-3003326 | Not Applicable |
| Sulte, Apt. Suite | #, etc. 100 | Suite, Apt. #, etc. 27 Suite 100 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | u d erdale Pl | City & State 28 Ft Lauderdale | e Fl | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 333309 | Country 25 Broward | Zip 29 33309 30 | Country Broward | | Yes No |
| | 9. Name and Address of Current F | Registered Agent | | 10. Name and Address of New Registered A | lgent |
| ME | TEVIER; THOMAS-E. | | 81 Name Fa | bio Appugliesi | |
| 4260 GALT OCEAN DR. SUITE PH-M | | | l | ess (P.O. Box Number is Not Acceptable) | |
| POI | RT LAUDERDALE FL 33308 | | 83 Su | ite 100 | |
| | | | | Lauderdale FL | 85 Zin Code 9 |
| 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 harrie of registered agent a | ad title if applicable (NOTE: Boot | istered Agent signature require | ed when reinslating) DATE | |
| 12. | OFFICERS AND I | | 13. | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12 |
| TITLE | 80 | DELETE | 1.1 TITLE | | Change Addition |
| NAME | METEVIER, THOMAS E. | | 1,2 NAME | | |
| STREET ADDRESS | 4280 GALT OCEAN DR #PH-M | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1 | 1.4 CITY - S1 - ZIP | | |
| TITLE | PDT | · DELETE | 2.1 TITLE | PDT | Change Addition |
| NAME | APPUGLIESI, FABRIZIO | | O D KIRLIC | · - · · | |
| STREET ADDRESS | 446-DIANAWOOD RIDGE | 1: | | Pabrizio Appugliesi | |
| CITY-ST-ZIP | WOODBRIDGE; ONT; CAN | 1: | 2. 4 CITY-ST-ZIP | 5500 NW 15tb Ave Ste 1 t Lauderdale F1 333 | 88 |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | I : | 3.2 NAME | | |
| STREET ADDRESS | | 1 | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 1. | 4. 2 NAME | | |
| STREET ADDRESS | | 1. | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | 1 | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| I | | | 1 | | |

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.

954-977-2911