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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name L81015

(4)

APPLEGARTH ACRYLIC DESIGNS INC.

Principal Place of Business 201 N CONCERCO AVE MACO Mailing Address



DELRAY BEA	NESS AVE #106 CH FL 33445	321 N CONGRESS AVE #106 DELRAY BEACH FL 33445						
					3. Date incorporated or Qualified 06/14/1990	3a. Date of Last Report 04/18/1995		
2. Principal Pla	ace of Business	2a. Mailing Address	,	_	4. FEI Number	———	j	Applied For
²¹ 149	15 N Longress	26	3ªm	٧	65-0200391			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired			5 Additional Required
City & State City & State City & State City & State					6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
⁷ 334	145 ⁰ 25 °° 7. B		Gountry 30		8. This corporation has liability for in Florida Statutes Yes		under s	s 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Ro	egistered A	gent	
			81	Name				
RECH, G	REGORY J.		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
2967 GE	NOA PL		02	0110017100	1.0. Dox Harrison is Not Acceptable	5)		
W PALM	BEACH FL 33406		83					
	— · * •							
			84	City		FI	85 2	ip Code
SIGNATURE	h, and accept the obligations of, Secti	ori 607.0505, Fiorida Statutes.			ard of directors. I hereby accept the appoint	DATE		
12.	OFFICERS AND		13.	t signature regum	ADDITIONS/CHANGES TO OFFI		DIBECT	ORS IN 12
TITLE	PST	DELETE	1. 1 TITLE		110511011010111110201100111		1 Change	☐ Addition
NAME	RECH, GREGORY J.	_	1.2 NAME				1 Change	[_] Madillon
STREET ADDRESS	2967 GENOA PL		1.3 STREET	ADDDECC				
CITY-SI-ZIP	W PALM BEACH FL							
TITLE	D	DELETE	1.4 CITY - S 2 1 TITLE	1-ZIP			Change	☐ Addition
NAME	RECH, GREGORY J.	C) section	2 2 NAME				j Onange	
STREET ADDRESS	2967 GENOA PL		23 STREET	*DDDCCC				
CITY - \$1 - ZIP	W PALM BEACH FL		24 CiTY-S					
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NAME		—	3 2 NAME			<u></u>) Onlings	
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CITY-ST-ZIP			3.4 CITY - S					
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NAMÉ		_	4.2 NAME	Ì		_	, ,	
STREET ADDRESS			4.3 STREET	ADDRESS				•
CITY-ST-ZIP			4.4 CITY - S					
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NAME		_ -	5.2 NAME			_	•	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S					
TITLE		☐ DELETE	6. 1 TITLE				Change	☐ Addition
NAME		—	6 2 NAME			L	,	
STREET ADDRESS	•		6 3 STREET	ADDRESS				
CHTY - ST - ZIP			6.4 CITY - ST	t				
	certify that the information supplied v	with this filing is voluntarily furnish			for the exemption stated in Section 119.0	17(3)(k) Elor	da Stati	tec 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: