

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 # M11858 (1)

1. Corporation Name

APPLE PREMIUM FINANCE SERVICE COMPANY



Principal Place of Business

Mailing Address

9485 SUNSET DRIVE  
SUITE A-270  
MIAMI FL 33173  
US

9485 SUNSET DRIVE  
SUITE 1-270  
MIAMI FL 33173  
US

3. Date Incorporated or Qualified  
02/26/1985

3a. Date of Last Report  
03/28/1995

4. FEI Number

59-2524364

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TÄFFER, JACK J.  
3301 NORTHEAST SECOND AVENUE  
MIAMI FL 33137

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 and title if applicable

(NOTE: Registered Agent signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOPPLEMANN, WILLIAM J.	
STREET ADDRESS	9017 SW 112 STREET 13250 SW 96 Street	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	CEO / T	<input type="checkbox"/> DELETE
NAME	BOATWRIGHT, JR., L.M.	
STREET ADDRESS	15410 S.W. 84TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KOPPELMANN, WILLIAM J	
STREET ADDRESS	13250 SW 96TH STREET 13250 S.W. 96 Street	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, ROSEMARY	
STREET ADDRESS	15410 SW 84TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TÄFFER, SUSAN E	
STREET ADDRESS	3301 NE 2ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ATP	<input type="checkbox"/> DELETE
NAME	TAPPIN, ANTHONY R.	
STREET ADDRESS	7408 SW 160 TERRACE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	ISABEL N. OCEJO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	660 S.W. 57 AVE #22	
1.3 STREET ADDRESS	Miami, FL 33144	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	500001834375	
4.4 CITY-ST-ZIP	-05/22/96--01040--012	
5.1 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TAPPIN, ANTHONY R.	
6.3 STREET ADDRESS	9240 S.W. 78 COURT	
6.4 CITY-ST-ZIP	Miami FL 33150	

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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

5/11/96