

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M41045** (9)

1. Corporation Name
APRIL HOLDING CORPORATION

Principal Place of Business
**P. O. BOX 11454
FT LAUDERDALE FL 33334
US**

Mailing Address
**P. O. BOX 11454
FT LAUDERDALE FL 33334
US**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:27

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1986		3a. Date of Last Report 04/29/1994	
21		2a		4. FEI Number 59-2737670		Applied For Not Applicable	
22 Suite, Apt. #, etc.		2a Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		2a City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		2a Zip		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			
25 Country		2a Country					
26		2a					
27		2a					
28		2a					
29		2a					
30		2a					

9. Name and Address of Current Registered Agent

**SCHWARTZ, WARREN
3400 GALT OCEAN DR., #202-S
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SCHWARTZ, WARREN	1.2 NAME	
STREET ADDRESS	3400 GALT OCEAN DR., 202-S	1.3 STREET ADDRESS	3076 N.E. 12 TERRACE
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	FT. LAUD. FL. 33334
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

DIR. WARREN SCHWARTZ