FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90262 032 ***150.00

emption stated in Section 119.0"(3)(i), Florida Statutes. I further certify that the ir formation to that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in

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

Mailing Address

P. O. BOX 11454

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M41045

1. Corporation Name

P. O. BOX 11454

CITY-ST-ZIP

SIGNATURE:

14. I herely certify that the information supplied with this filing does not gualify for the exindicated on this annual report or supplied perfait annual report is true and accurate at officer or director of the corporation or the receiver or postee empowered to execute Block 12 or Block 13 if change it, or or an attachment with an address, with all other it.

Principal Place of Business

APRIL HOLDING CORPORATION

| US LAUDERDAL | E FL 33334 | US | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
|------------------|--|--------------------------------|--------------|------------|---|---|-----------------------------|-------------|------------|-------------|------------|--|
| 00 | | | | | | 3. Date Incorporated or Qualifed | | | | | | |
| | | | | | | 11/0 | 3/1986 | | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | | Apr li | ed For | |
| 21 | | 26 | | | | 59-2 | 2737670 | | | Not A | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | cate of Status Desired | | | | ditional | |
| 22 | | 27 | | | 5. Centi | Cate of Status Desired | | Fe | e Regu | iired | | |
| City & State | e | City & State | | | 6, Elect | ion Campaign Financin | 9 □ | \$5. | 00 M | ay Be | | |
| 23 | | 28 | | | | Trust | Fund Contribution | | Add | led to | Fees | |
| Zip Cour try | | Zip C | | Country | | 8. This corporation owes the current year inta- | | | ntangible | | | |
| 24 | 25 29 30 | | 30 | | | Persor at Property Tax. | | | | [|]No | |
| | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Nam | e and Address of Nev | Registere | d Agent | | | |
| | | | | 81 | Name | | | | | | | |
| SCHWARTZ, WARREN | | | | | Street A | dress (P.O. Bo) Number is Not Acceptable) | | | | | | |
| 3400 | | | 82 | Street Att | duress (1.0. DO Mulliber is NOt Acceptable) | | | | | | | |
| FT. L | AUDERDALE FL 33308 | | | 83 | | | | | | | | |
| | | | | | | | | | | 7: 0 | 4- | |
| | | | | 84 | City | | | F | 85 | Zip Co | de | |
| 44 Disease of | to the provisions of Sections 607.050 | 2 and 607 1508 Florida Stat | tes the a | hove | L | rnoration subr | ni s this statement for the | ne nurnose | of changin | g its re | gistered | |
| office or re | egistered agent, or both, in the State. | of Florida. Such change was | autnorized | i by i | the corpora | ition's board o | directors. I hereby acc | ept the app | ointment a | is regis | stered | |
| agent. I a | m familiar with, and accept the obliga | it ons of, Section 607.0505, F | Torida Statu | utes. | • | | | | | | | |
| SIGNATUF:E | | | | | | | | DATE | | | | |
| | Signature, typed or printed name of registered age | | | Agen | it signature req | ired when reinstating | (IONS/CHANGES TO (| | AND DIDE | CTOD | S IN 12 | |
| 12. | | DELETE | 13. | 7.5 | - | AUUII | IONS/CHANGES TO | JFFICERS | ☐ Cha | | Addition | |
| TITLE | D | □ nereie | 1.1 TE | | | | | | | 90 | | |
| NAME | SCHWARTZ, WARREN | | 1.2 NAME | | | | | | | | į | |
| STREET ADDRESS | 3076 NE 12TH TERRACE | 1.3 \$ | | REET | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | FT LAUDERDALE F | | 1.4 CI | | T-ZIP | | | | | | - Addis | |
| TITLE | | ☐ DELETE | 2.1 TI | TLE | | | | | ☐ Cha | nge | Addition | |
| NAME | | | 2.2 NA | ME | | | | | | | | |
| STREET ADDRESS | | | 2.3 ST | REET | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 2.4 C | ITY-S | ST-ZIP | | _ | | | | | |
| TITLE | | ☐ DELETE | 3.1 TO | TLE | | | | | Cha | nge | Addition | |
| NAME | | | 3.2 NA | AME | | | | | | | | |
| STREET ADDRESS | | | 3.3 \$1 | REET | TADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 3.4. C | ITY-S | ST-ZIP | | | | | | | |
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| NAME | | | 4, 2 N | AME | | | | | | | ļ | |
| STREET ADDRESS | | | | | TADDRESS | | | | | | | |
| | | | | | T-ZIP | | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 Ti | | 1-215 | | | | Cha | nge - | Addition | |
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| TITLE | | ☐ DELETE | | | | | | | cna | any c | | |
| NAME | | | 6.2 N | | | | | | | | | |
| OTDEET 4000/ 00 | 1 | | 6.3 S | TREET | T ADDRESS | | | | | | | |

like empowered.