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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M94370

(7)

APPLES OF VERO, INC.

FILED
Apr 28 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address	
1025 EASTER LILY LANE #2 1025 EASTER LILY LANE #2	
VERO BEACH FL 32963 VERO BEACH FL 32963	
US US	DO NOT WRITE IN THIS SPACE
3 .	Date Incorporated or Qualified
2. Principal Place of Business 2a, Mailing Address 4.	08/16/1988 FEI Number Applied For
21 26	65-0067784 Not Applicable
Suite, Apt, #, etc. Suite, Apl, #, etc.	¢9.7E 4.445
27 5.	. Certificate of Status Desired Fee Required
City & State City & State 6.	Election Campaign Financing \$5.00 May Be
28	Trust Fund Contribution Added to Fees
Zip Country Zip Country 8.	. This corporation owes or has paid the current year Intangible
24 25 29 30	Personal Property Tax due June 30. X Yes No. Name and Address of New Registered Agent
Test to	, Name and Address of New Hegistered Agent
PENNT, NANCT	
	P.O. Box Number is Not Acceptable)
VERO BEACH FL 32960	AMENIAN LADON # 193
84 City	Scrol FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation	on 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 I agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if pyplic able (NOTE Registered Agent signature required when	n reinslating) DATE:
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	Change Addition
NAME PERRY, NANCY 1.2 NAME	
STREET ADDRESS 1026 FLAMEVIDE LANE #103 1.3 STREET ADDRESS	
CITY-ST-ZIP VERO BCH FL 1.4 CITY-ST-ZIP	Character Daddison
TITLE DELETE 2.1 INTLE	L Change L Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-S1-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 444 CITY-S1-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-S1-ZIP 6.	440 OZ/OV/) Florida Districtor Australia Service and

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the information indicated on this annual report or suppliemental 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 a 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 attact that with an address.