

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90046 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36185

1. Corporation Name
APEX ARIDYNE CORP.

Principal Place of Business P.O. BOX 960670 INWOOD NY 11096-0670 US	Mailing Address P.O. BOX 960670 INWOOD NY 11097-0670 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1991

4. FEI Number

56-1163708

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KURZ, MILTON
4196 BOCIARE BLVD
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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

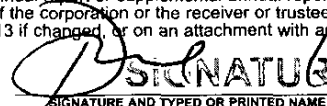
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHLUSSEL, EDWARD	1.2 NAME	
STREET ADDRESS	333 LONGWOOD CROSSING	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE NY 11559	1.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	KURZ, JONATHAN A.	2.2 NAME	
STREET ADDRESS	154 SCHENCK CIR SO	2.3 STREET ADDRESS	1328 HARBOR ROAD
CITY-ST-ZIP	HEWLETT HARBOR NY 11557	2.4 CITY-ST-ZIP	HEWLETT HARBOR, NY 11557
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KURZ, DAVID	3.2 NAME	
STREET ADDRESS	1343 BOXWOOD DR. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HEWELETT HARBOR NY 11557	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-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		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

516-239-4400
Daytime Phone #