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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT #

Secretary of State DIVISION OF CORPORATIONS P92000007984 (7)

FILED

May 11 1998 8:00am

APPRA	ISAL ONE, INC.	,						
Principal Place	e of Business	Mailing Address			- 1 10611081 410 16118 11011 89111 80111 9	IBANI B ania Ba tai	IABIA IBIAS IA	
408 STILL FOREST TERRACE SANFORD FL 32771 US		408 STILL FOREST TERRACE SANFORD FL 32771 US		DO NOT WRIT	E IN THIS S	PACE		
					3. Date Incorporated or Qualified			
					11/24/1992		· · · · · · · · · · · · · · · · · · ·	
· '	lace of Business	2a. Mailing Address			4. FEI Number		_ 	optied For
21		[26]		59-3153176			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75		
City & State		Crty & State					equired	
		<u></u>		6. Election Campaign Financing			May Be	
Zip	Country	7 _I p	Country		Trust Fund Contribution			to Fees
	h¬ '	- h	├─ ─		This corporation owes or has p Personal Property Tax due Jun			angible Do
24	25 25 Name and Address of Current	29 Registered Agent	30		10. Name and Address of New R			<u> </u>
CAI	DELICATO, DEBBIE JO		81 Na	me			~	
408 STILL FOREST TERRACE								
	NDFORD FL 32771		82 St	eet Addre	ess (P.O. Box Number is Not Accepta	ible)		
SA.	NUFUND FE 32// (83					
			 84 Ci	ly	•	FL	85 Zip (Code
SIGNATURE	to the provisions of Sections 607.0502 agistered agont, or both, in the State om familiar with, and accept the obligat Signature, typed or powed have of registered agent	and trie if applicable (NOTI	E Registered Agent sig		d when reinstaling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	D	☐ DELETE	1.1 TITLE				L Change	☐ Addition
NAME	ENDELICATO, ANTONIO S		1.2 NAME		•			
STREET ADDRESS	408 STILL FOREST TERRACE		1.3 STREET ADDR	ESS				
CITY-ST-ZIP	SANFORD FL.		1.4 CHTY - ST - ZIP					77 27 118
TITLE	D	L DELETE	2.1 TITLE				Change	Addition
NAME	ENDELICATO, DEBBIE JO		2.2 NAME		20.0	-		
STREET ADDRESS	408 STILL FOREST TERRACE		2.3 STREET ADDR					
CITY-ST-ZIP	SANDFORD FL	There bee	2. 4 CITY - ST - ZIF	·	······································			1 4490
TITLE		☐ DELETE	3.1 TITLE			l	L Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDE					
CITY-ST-ZIP		Dritte	3.4. CITY - ST - ZIF	·			Channe	Additor
TITLE		□ DELETE	4.1 TITLE			l	Change	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDR	ESS				
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP				Change	Addition
TITLE		☐ DELETE	5.1 TITLE			ļ	Change	LJ ROUNDII
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDE	ESS				
CITY-ST-ZIP		T nei ere	5.4 CITY-ST-ZIP				Change	Addition
TITLE		☐ DELETE	6.1 TITLE			ļ	change	T VOOIIION
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDR	ESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP					

Thereby 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 addrugs.