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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000035924 (8)

1. Corporation Name

APPLEBY FINANCE COMPANY

Principal Place of Business

4230 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

Mailing Address

4230 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064-6049



3. Date Incorporated or Qualified

05/18/1993

3a. Date of Last Report

03/05/1996

4. FEI Number

65-0410484

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

APPLEBY, A. EDWARD
4230 NORTH FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	APPLEBY, A. EDWARD	
STREET ADDRESS	4230 NORTH FEDERAL HIGHWAY	
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	APPLEBY, LINDA K.	
STREET ADDRESS	4230 NORTH FEDERAL HIGHWAY	
CITY - ST - ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KING, CLAY W	
STREET ADDRESS	700-900 EAST SUNRISE BLVD.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FRANCIS, KIRK J	
STREET ADDRESS	700-900 EAST SUNRISE BLVD.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	MAYO, ROBERT K	
STREET ADDRESS	700-900 EAST SUNRISE BLVD.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gale, Jeffrey M.
5.3 STREET ADDRESS	700-900 E. Sunrise Blvd.
5.4 CITY - ST - ZIP	Fort Lauderdale, FL 33304
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VS
6.3 STREET ADDRESS	6022 ALCEGE 2 ND , Rte 1904 C.
6.4 CITY - ST - ZIP	700-900 E. Sunrise Blvd.
	Fort Lauderdale, FL 33304

14. I do 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 supplement to 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 executor 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

(954)

941-5880

Date

Daytime Phone

CR2E034 (9/96)