


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 05/18/1993	
				4. FEI Number 65-0410484	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEBY, A. EDWARD	1.2 NAME	
STREET ADDRESS	4230 NORTH FEDERAL HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEBY, LINDA K.	2.2 NAME	
STREET ADDRESS	4230 NORTH FEDERAL HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, CLAY W	3.2 NAME	
STREET ADDRESS	700-900 EAST SUNRISE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, KIRK J	4.2 NAME	
STREET ADDRESS	700-900 EAST SUNRISE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALA, JEFFREY M	5.2 NAME	
STREET ADDRESS	700-900 EAST SUNRISE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, FRANK C III	6.2 NAME	
STREET ADDRESS	700-900 E. SUNRISE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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.

SIGNATURE:

FILE FEE REQUIRED

Jan 15, 1998 954941-5880

CR2E034 (10/97)