


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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90127 037 \*\*\*158.75

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000035924</b>					
1. Corporation Name <b>APPLEBY FINANCE COMPANY</b>					
Principal Place of Business 4230 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064			Mailing Address 4230 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/18/1993	
Suite, Apt., #, etc. 22		Suite, Apt., #, etc. 27		4. FEI Number 65-0410484 Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <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	VG	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALE, JEFFREY M		5.2 NAME	JEFFERY GALE	
STREET ADDRESS	700-900 EAST SUNRISE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/7/99

954-283-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/1/98)