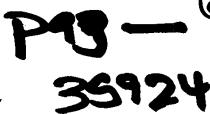
	PI FA	ASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.		
APPEICATION FOR SET OF STATE SECRETARY OF STATE SEC						1 / N			
DOCUMENT # P93000035924 1. Corporation Name						00 NOV 27 PM 4: 06			
APPLE	EBY FINANCE	COMPAN'	Y						
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailin 700 6. Suite, Apt. #, etc. Suite, Apt. #, etc.				ng Office Address. If Applicable Sun 1,58 BlvL To Do B		4. Date Incorport To Do Busin 5. FEI Number	rporated or Qualified siness in Florida 05/18/1993 per Applied For		
City & State Ft. Lauder due FC Zip Zip Country Count			Landerdale FL 6. Country CERTIFIC		1 *	65-0410484 Not Applicable TE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
	and Street Addresses			<u> </u>		ast 3 directors)			
Title(s)				Street Address of Each Officer and/or Director			City / State / Zip		
PD APPLEBY, A. EDWARD				4230 NORTH FEDERAL HIGHWAY			LIGHTHOUSE POINT FL 33064		
D	APPLEBY, LINDA K.			4230 NORTH FEDERAL HIGHWAY			LIGHTHOUSE POINT FL 33064		
VD	KING, CLAY W			700-900 EAST SUNRISE BLVD.			FORT LAUDERDALE FL 33304		
٧٢	VT FRANCIS, KIRK J			700-900 EAST SUNRISE BLVD.			FORT LAUDERDALE FL 33304		
٧	JEFFERY, GALE De lete			70 0-909 EAST SUNRISE B LVD.			FORT LAUDERDALE FL		
							Bh 12/5		
8. Name and Address of Current Registered Agent Name Name						9. Name and Address of New Registered Agent			
						C. Box Number is Not Acceptable) Sunrise Blvd.			
4230 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064 Suite, Apt. #, Etc.						5000034966469			
			11	7/1	City C/	1 au Acres	12/12/00 _{State}	31032 008 ******58475	
Signature	of	red agent of the ab	ove namek conf	pration, ary familiar wit	th and accept the o	bligations of Secti	on 607.0505, F.S.	-7000	
Registere	a Agent	R	EGISTERED AG	ENT MUST SIGN			Date		
this re owed	instatement application.	the reason for diss been paid and the	olution has been names of individ	eliminated, the corpo luals listed on this for	rate name satisfies n do not qualify for	the requirements an exemption un	opter 607 or 617, F.S. I further of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	401, F.S., that all fees	
SIGNA	ature: SIG			7 Land IR	RED	vP	11/10/2000		
5.5147	SIGNATUR	E AND TYPED OR PR	HED NAME OF	SIGNING OFFICER OR D	IRECTOR		Date Da	aytime Phone #	

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APPLEBY FINANCE COMPANY 700 EAST SUNRISE BLVD. FT. LAUDERDALE, FL 33304 PHONE: (954) 527-3713 FAX: (954) 760-6303

October 19, 2000

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

To Whom It May Concern:

Please accept our payment of \$150.00 for the profit corporation annual report fee for the year 2000 along with an additional \$8.75 for a certificate of status. We respectfully request that you consider the waiving of the reinstatement fees in that we did not receive the originally uniform business report. We believe that this occurred due to our principal place of business now being conducted at a different address other than the address that was last on record with your office. Also, we ask that you please consider the fact that we have always filed our annual report in a timely matter with regard to all previous years since the inception of the corporation.

Thank you in advance for your consideration with this matter. Please do not hesitate to contact us if we may be of further assistance.

Sincerely

A. Edward Appleby