FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#
 Corporation Name 	

P93000044825 (6)

APEX REALTY, INC.



Principal Pl	ace of Business	Mailing Address					
#300	HILLSBORO BLVD IELD BEACH FL 33441	5893 NW 80TH TERR PARKLAND FL	RACE		3. Date Incorporated or Qualified 06/21/1993	3a . Da	ote of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address	Hi '		4. FEI Number 65-0420399	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & S	State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
7ip	Country 25	Zip	Countr 30	у	TIONSO STATES	s DNo	
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
J. 10-7			8	1			
LABOY, JAIME TK 5893 NW 80TH TERRACE			8:	Street Ad	ldress (P.O. Box Number is Not Acceptal	ole)	
	ARKLAND FL		В	3			
			8	1 '		F	
11. Pursu	ant to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	tes, the above	named corp	poration submits this statement for the pupered of directors. I hereby accept the app	irpose of o	changing its registered office as registered agent. I am

or registered agent, or both, in the State of Florida. Such change was authorize familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE			DATE .
SIGNATURE	griditive, types or printed filtre or registrating	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	13.	Change Addition
TITLE	DPT DELETE	1 1 TITLE	
NAME	LABOY, JAMIE	1.2 NAME	
STREET ADDRESS	5893 NW 80TH TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TILE	DVS DELETE	2 1 TITLE	Change Channel
NAME	JAIME, LABOY	2.2 NAME	
STREET ADDRESS	5893 NW 80TH TERRACE	2.3 STREET ADDRESS	
CITY-S1-ZIP	PARKLAND FL	24 CITY-ST-ZIP	P Ou P Addition
TITLE	DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CHTY-ST-ZIP	
TITLE	DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY-ST-ZIP	☐ DELETE	5. 1 TITLE	Change Addition
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		54 CITY-ST-ZIP	
CITY - ST - ZIP	DELETE	6. 1 TITLE	☐ Change ☐ Addition
TITLE	[] bett it	6.2 NAME	
NAME			
STREET ADDRESS		6.3 STREET ADDRESS	
CHTY - ST - ZIP		64 CITY - ST - ZIP	to the exemption stated in Section 119 07(3)(k) Florida Statutes, I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 applices.

SIGNATURE: