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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000044825 (6)

1. Corporation Name
APEX REALTY, INC.

Principal Place of Business

800 W HILLSBORO BLVD
#300
DEERFIELD BEACH FL 33441
US

Mailing Address

5893 NW 80TH TERRACE
PARKLAND FL 33067-1153



2. Principal Place of Business

21 1870 N. St. Rd. 7

Suite, Apt. #, etc.

22 Suite 114

City & State

23 Margate, FL

Zip

24 33063

Country

25 Broward

2a. Mailing Address

26 1870 N. St. Rd. 7

Suite, Apt. #, etc.

27 Suite 114

City & State

28 Margate, FL

Zip

29 33063

Country

30 Broward

3. Date Incorporated or Qualified

08/21/1993

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0420399

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

9. Name and Address of Current Registered Agent

LABOY, JAMIE JR
5893 NW 80TH TERRACE
PARKLAND FL

10. Name and Address of New Registered Agent

81 Name

Nancy Sampson

82 Street Address (P.O. Box Number is Not Acceptable)

7202 Forest BLVD

83

84 City

N. LAUD

FL

85 Zip Code

33068

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

Nancy Sampson

Mary Perkins

4/21/97

Signature, typed or printed name of registered agent and to be if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME LABOY, JAMIE
STREET ADDRESS 5893 NW 80TH TERRACE
CITY-ST-ZIP PARKLAND FL

TITLE DVS ☐ DELETE

NAME JAMIE, LABOY
STREET ADDRESS 5893 NW 80TH TERRACE
CITY-ST-ZIP PARKLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President

Nancy Sampson

7202 Forest BLVD

N. LAUD, FL. 33068

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPS

Mary Perkins

250 SW 10th Way

Margate, FL. 33068

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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 in an attachment with an address.

SIGNATURE:

Nancy Sampson

Mary Perkins

4/21/97

954-972-3020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0181997

CR2E034 (9/96)