

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 # P93000049984 (6)

1. Corporation Name

APPLECORE ASSOCIATES, INC.



Principal Place of Business

**6498 VIA ROSA
BOCA RATON FL 33433**

Mailing Address

**6498 VIA ROSA
BOCA RATON FL 33433**

2. Principal Place of Business

21 **12427 Rockledge Circle**
Suite, Apt. #, etc.

2a. Mailing Address

26 **12427 Rockledge Circle**
Suite, Apt. #, etc.

City & State

23 **BOCA RATON, FL**

City & State

28 **BOCA RATON, FL**

Zip

24 **33428-4815**

Country

Zip

29 **33428-4815**

Country

9. Name and Address of Current Registered Agent

**FLORENTINO, MICHAEL
6498 VIA ROSA
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name **FLORENTINO, MICHAEL**
82 Street Address (P.O. Box Number is Not Acceptable)
12427 ROCKLEDGE CIRCLE
83
84 City **BOCA RATON** FL 85 Zip Code **33428**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael Florentino **Michael FLORENTINO**

1/21/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FLORENTINO, MICHAEL	
STREET ADDRESS	6498 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GOODRICH, GERALD	
STREET ADDRESS	6498 VIA ROSA	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12427 ROCKLEDGE CIRCLE
1.4 CITY-ST-ZIP	BOCA RATON, FL 33428-4815
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12427 ROCKLEDGE CIRCLE
2.4 CITY-ST-ZIP	BOCA RATON, FL 33428-4815
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 address.

SIGNATURE:

Michael Florentino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96
Date

407362-8802
Daytime Phone #

CR2E034 (12/95)