

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0046733

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000060962**

1. Corporation Name

APOGEE PROJECTS, INC.

FILED

99 SEP 21 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1175 N.E. 125 STREET
SUITE 305
NORTH MIAMI FL 33161-5010

Mailing Address

1175 N.E. 125 STREET
SUITE 305
NORTH MIAMI FL 33161-5010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1993

4. FEI Number

65-0440246

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 owes the current year
Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GORDON, ELAINE
1830 NE 144 ST
SUITE D
N MIAMI FL 33181

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

TITLE ☐ DELETE

NAME **GORDON, ELAINE**
STREET ADDRESS **4000 TOWERSIDE TERR**
CITY-STATE-ZIP **MIAMI FL 33138**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE:

Elaine Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-893-6878

CR2E034 (5/99)



Freeman, Buczyner & Gero

Certified Public Accountants
A Partnership of Professional Associations

MEMBER:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

MIDSNELL INTERNATIONAL
AN ASSOCIATION OF INDEPENDENT ACCOUNTING FIRMS

SunTrust International Center, Suite 2120
One Southeast Third Avenue
Miami, Florida 33131
Dade: (305) 375-0766
Broward: (954) 359-8345
Fax: (305) 375-0757

September 3, 1999

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee, FL 32399-0100
ATTN: CORPORATE ANNUAL REPORT

RE: Apogee Projects, Inc.
65-0440246
Period 1999

Dear Sir or Madam:

We are the accountants for the above referenced taxpayer and are in receipt of your second notice regarding the corporate annual fee due for 1999.

Due to the officers' illness and hospitalization, she has not been able to respond to any of her corporate affairs for a period of time. We respectfully request that there be leniency in respect to this matter and all penalties be abated. We are also enclosing a check to pay the annual fee of \$150.

We appreciate your assistance in this matter. Please do not hesitate to contact this office if you need additional information.

Very truly yours,

Marc L. Freeman

#2783