

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 28, 2004 8:00 am
Secretary of State

09-28-2004 90001 020 ***158.75

DOCUMENT # P93000069910

1. Entity Name
APOLLO BAYSIDE MANAGEMENT CORP.



Principal Place of Business
**C/O RAMADA BAYSIDE INN & RESORT
6414 SURFSIDE BLVD.
APOLLO BEACH, FL 33572 US**

Mailing Address
**% MIDLAND MANAGEMENT, LTD.
758 SOUTH AVENUE
ROCHESTER, NY 14620**

54073506



09172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3205312

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~AMPAK, INC.
14914 WINDING CREEK CT., STE. 401
TAMPA, FL 33613~~

**ABM agent
L. Vallone
6060 Marella Dr
Sarasota, FL
34243**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *L. H. Vallone* **L. H. Vallone ABM agent** **9/20/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HOWITT, JACK W**
STREET ADDRESS **% 758 SOUTH AVENUE**
CITY-ST-ZIP **ROCHESTER, NY**

TITLE **D**
NAME **LANDSMAN, ELLIOTT**
STREET ADDRESS **3 TOWNLINE CIRCLE**
CITY-ST-ZIP **ROCHESTER, NY**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack W. Howitt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/04 **585-473-8410**
Date Daytime Phone #