FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90080 047 ***150.00

DOCUMENT # P9400000484

THE APPLE GROUP, INC.

				_			
Principal Place	of Business .	Mailing Address				1) MB	1361 (BILL GLD1 1601
510 38TH ST 510 38TH ST WEST PALM BEACH FL 33407 WEST PALM BEACH FL 3340				·	DO NOT WRITE IN TH	IS SPACE	
US US					3. Date Incorporated or Qualifed		
					01/04/1994		
2. Principal Place of Business 2a. Mailing Address							Applied For
21 .510	10 38th St 26 Same				65-0475134		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	5. Certificate of Status Desired	• -	5 Additional
22 / 27					5. Certificate of Status Desired	Fee	Required
City & State City & State					6. Election Campaign Financing	\$5.0)0 May Be
23 West PALM BCh 28					Trust Fund Contribution	. Adde	ed to Fees
Zip				Country 8. This corporation owes the current year Intangible			
25 75 29 30					Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent		 	10. Name and Address of New Registere	d Agent	
			81	Name			
CONDRON, BETTY				Street Addre	ess (P.O. Box Number is Not Acceptable)		
721-US #1							
S UITE 220 -			83	3			
N PALM BEAGH FL 33408			84	-City		. 85 Z	ip Code
	and the	· -		'	<u>F</u>	LII	`
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.							
7-19-79							
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Regi	stered Age	ent signature required	d when reinstating) DATE		
12.	. OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P.	☐ DELETE	1.1 TITLE			Chang	ge
NAME	CONDRON, BETTY 1.2 N		1.2 NAME				
STREET ADDRESS	7 21 US #1, SUITE 22 0		1.3 STREE	T ADDRESS 5	510 38 21	_	
CITY-ST-ZIP	-N-PALM BEACH FL	1.4.0		ST-ZIP	510 38th st WPB, C1 3340 7	<u> </u>	
TITLE		☐ DELETE	2.1 TITLE			☐ Chang	ge 🔲 Addition
NAME	22N		2.2 NAME				
STREET ADDRESS		1	2.3 STREE	ET ADDRESS			
CITY-ST-ZIP		i	2. 4 CITY-	ST-21P			
TITLE		☐ DELETE	3.1 TITLE			Chan	age 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			,
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Chang	ge Addition
NAME	·	l	4. 2 NAME	<u> </u>			1 6 7 1
STREET ADDRESS			4.3 STREE	ET ADDRESS	٠.		
CITY-ST-ZIP	,	1	4.4 CITY-5				
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge Addition
NAME			5.2 NAME		·		Ì
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP	· ·		5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		1407	☐ Chan	nge Addition
NAME			6.2 NAME				1
STREET ADDRESS	•		6.3 STREE	ET ADORESS			{
31REE I ADORESS	,		64 CITY-				

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, with all other like empowered.

SIGNATURE: