

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000013444 (2)**

1. Corporation Name

APOLLO ONE REALTY, INC.

Principal Place of Business

Mailing Address

5537 NORTH STATE ROAD 7
TAMARAC FL 33319

5537 NORTH STATE ROAD 7
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5409 NORTH STATE RD. 7

26 5409 NORTH STATE RD. 7

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

TAMARAC, FLORIDA

28 City & State

TAMARAC, FLORIDA

24 Zip

33319

25 Country

USA

29 Zip

33319

30 Country

USA

4. FEI Number

65-0488267

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

10. Name and Address of New Registered Agent

PALMER, VIVIA E
5537 NORTH STATE ROAD 7
TAMARAC FL 33319

81 Name

PALMER, VIVIA E.

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

5409 NORTH STATE ROAD 7

83

84 City

TAMARAC

85 FL

85 Zip Code

33319

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 of current registered agent and that of new agent)

(Signature of Registered Agent (signature required when mandating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PD
12.2 NAME	PALMER, VIVIA E
12.3 STREET ADDRESS	5537 NORTH STATE ROAD 7
12.4 CITY, ST, ZIP	TAMARAC FL 33319
12.5 TITLE	PD
12.6 NAME	DRYDEN, HENRY
12.7 STREET ADDRESS	5537 NORTH STATE ROAD 7
12.8 CITY, ST, ZIP	TAMARAC FL 33319
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 119.07(6)(a), 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 treasurer or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Vivian Palmer*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95
Date

739-7676
Telephone No.