

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

pg. 10 of 2

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. McWham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------	---------------------------------------------------------------------------------------------------

FILED

97 JUN -2 PM 2:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **94000047836**

1. Corporation Name

APAR INC

Principal Place of Business

**20423 ST. Rd 7 #245
BOCA RATON, FL 33498**

Mailing Address

SAME

2. Principal Place of Business

21 20423 ST. Rd 7

Suite, Apt. #, etc.

22 Suite 245

City & State

23 BOCA RATON

Zip

24 33498

Country

25 Palm Bch

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

6/24/94

3a. Date of Last Report

1/96

4. FEI Number

65-0529053

Applied For

Not Applicable

5. Certificate of Status Desired

3

**\$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

81 Name **BRIAN MITTELDORF**

82 Street Address (P.O. Box Number is Not Acceptable)
20142 PALM ISLAND DRIVE

83

84 City **BOCA RATON**

FL

85 Zip Code
33498

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]

BRIAN MITTELDORF P.A.

4/2/97

(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

OWNER / P

NAME BRIAN MITTELDORF

STREET ADDRESS 20423 ST. Rd 7 #245

CITY - ST - ZIP BOCA RATON, FL 33498

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **700002201347-1**

1.3 STREET ADDRESS **-06/04/97-01062-003**

1.4 CITY - ST - ZIP *******87.50 *****87.50**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **700002201347-1**

2.3 STREET ADDRESS **-06/04/97-01062-004**

2.4 CITY - ST - ZIP *******503.75 *****503.75**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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, and is on an attachment with an address

SIGNATURE:

[Signature]

BRIAN MITTELDORF

4/2/97

(561) 433-9999

(Signature and typed or printed name of signing officer or director)

Date

Phone Number

CR2E034 (9/96)

pg. 2 of 2



The CPA. Never Underestimate The Value.™

2131 Hollywood Blvd. Suite 102
Hollywood, FL 33020
(954) 925-1300
Fax (954) 921-9576
1(800) 280-CPA1
Outside Broward

Gregory Vitale, C.P.A.
Leonard E. Miller, C.P.A.

May 9, 1997

Mr. Trevor Brumbley, Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Apar, Inc.
20423 State Road 7, Suite 245
Boca Raton, FL 33498

Dear Mr. Brumbley,

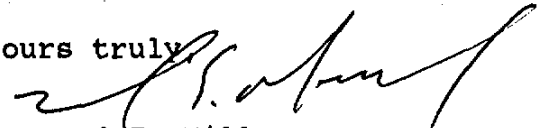
We are writing on behalf of our client, Apar, Inc.. Apar, Inc. was incorporated in the State of Florida in 1994. The correct mailing address for the corporation is above. We have reviewed your letter, along with the "Detail Screens" that were attached. It is obvious that there is an error associated with this file. The addresses are not correct, and more importantly, the President/Director named Velkis Perez is not correct. The President/Director is and has always been Dr. Brian Mitteldorf.

We have reviewed our records and agree that the annual report fees have not been paid since 1995. It is apparent the reports were never mailed to the correct address and/or corporate officers.

We would now respectfully request that the reinstatement fee of \$585 be waived due to the above facts. We have enclosed a check in the amount of \$503.75 to cover the filing fees for 1995 through 1997 and \$8.75 for a current certificate of status.

Please correct the file to show Dr. Brian M. Mitteldorf, 2011/2 PALM ISLAND DRIVE, BOCA RATON, FL 33498 as the President, Director and Resident Agent. We trust that we have stated the facts of this snafu fairly and appreciate your immediate attention.

Yours truly


Leonard E. Miller
Certified Public Accountant

LEM/cam
encl.