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

PROFIT CORPORATION ANNUAL REPORT

1996



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

P94000048605 (7)

DOCUMENT # 1. Corporation Name APV INC.

Principal Place of Business -4720 N.W. 2ND STREET

Mailing Address

4720 N.W. 2ND STREET



BOCA RAT	ON FL 3343	1	# D-103 BO CA-RATON FL 33431					
) , , , 9		5/27/1994 or Qualified	3a. Date 8/	/1/1995'
2. Principal Place of Business 21 71 77 W. OAKLAWO ARK Suite, Apt. #, etc.			Mailing Address K 26 7 177 W. 01	26 7177 W. OBRIANDTONE BLUD		4. FEI Numbro 0504694		Applied For Not Applicable
22 3uite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certific	cate of Status Desired	□ \$	8.75 Additional Fee Required
City & State			City & State	! ──¬ •		n Campaign Financing		5.00 May Be
Zip	entil	Country	28 LAUDERHII		· — — · — — · — · — · — · — · — · — · — · · — · · — ·	und Contribution		Added to Fees
24 333	اکر	25 Broward	29 33313	30 Broward		prporation has liability for its Statutes Yes	ntangible tax uni No	der s 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
VALLONE, ANTHONY 81 Name 40256 NW 47TH STREET 82 Street Addres SUNRISE FL 33351 83						Number is Not Acceptabl	PACK E	3LUD
84 aCity								.T 0
1 \$\delta \cdot \c								
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 effice 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								
SIGNATURE Signature: typed or printed name of registered agent and title if agriduable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	n		D DIRECTORS	13.		ONS/CHANGES TO OFFI	DATE DE AND DIDE	CTODE IN 10
TITLE	VALLE	NE ANTUONY	DELETE	1 1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ONO OFFICE TO OFFI	Cha	· · · · · · · · · · · · · · · · · · ·
NAME		one, anthony NW 47TH Street		1.2 NAME			Ψ.	
STREET ADDRESS		ISE FL		1.3 STREET ADDRESS	7177 W	. OAKLANDO F Rhitl, F	ARK BL	.∪စ
CITY-ST-ZIP				1.4 CITY - ST - ZIP	LAUDEN	ehill P	1.333	13
TITLE			DELETE	2. 1 TITLE			Cha	ange Addition
NAME CIRCLI ADDRESS				2 2 NAME				
STREET ADDRESS CITY-ST-ZIP				2.3 STREET ADDRESS				
TITLE			DELETE	2 4 CHY-S1-ZIP			F-1 4.	
NAME			L. Otter	3 1 TITLE 3.2 NAME			☐ Cha	ange 🔲 Addition
STREET ADDRESS				3.3. STREET ADDRESS				
CITY-ST-ZIP				3.4 CITY - ST - ZIP				
TITLE			DELETE	4. 1 THILE			[] Cha	ange Addition
NAME				4.2 NAME				mão 🗖 vonition
STREET ADDRESS				4.3 STREET ADDRESS				}
CITY-ST-ZIP				4.4 CHY-\$1-7P				
TITLE			DELETE	5 1 TITLE			☐ Cha	inge [1] Addition
NAME				5 2 NAME				_
STREET ADDRESS				5.3 STREET ADDRESS				
CITY-ST-ZIP				5.4 CITY - ST - ZIP				
TITLE			DELETE	6. 1 TITLE			Cha	inge Addition
NAME OTREET ARRESTOR				6 2 NAME				
STREET ADDRESS				63 STREET ADDRESS				
14. I do hereby	certify that	the information supplied	with this filing is voluntarily funish	64 CITY - ST - ZIP	7-11			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #								