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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000087949 (1)

AP PRODUCTS INC.

FILED Feb 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 19420 N.E. 26TH AVE. 19420 N.E. 26TH AVE. SUITE 123 **SUITE 123** DO NOT WRITE IN THIS SPACE N. MIAMI BEACH FL 33180 N. MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 01/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0552696 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation owes or has pald the current year lotangible Country ☐ Yes ŊNo 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PHILLIPS, DAVID **19420 NE 26TH AVENUE** Street Address (P.O. Box Number is Not Acceptable) SUITE 123 83 **NORTH MIAMI BEACH FL 33180** 84 City Zip Code 85 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 storida Society of Society Jorida Statutes. SIGNATURE Signature, typed or printed name, DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13 DELETE TITLE 1.1 TITLE Change : PHILLIPS, DAVID J NAME 1.2 NAME 19420 N.E. 26TH AVE 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ DELETE 61 TITLE Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 extending property of the corporation of the receiver of the corporation of th Block 12 or Block 13 if changed, or or

SIGNATURE: