

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 10:03

DOCUMENT # **P94000091986 (7)**

1. Corporation Name

**APEX INTERNATIONAL MANAGEMENT COMPANY**

Principal Place of Business

Mailing Address

~~740 MARINA POINT DRIVE  
DAYTONA BEACH FL 32115~~

~~P.O. BOX 1585  
DAYTONA BEACH FL 32115~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/15/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3284346

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

P.O. BOX 1585

22 DAYTONA BEACH, FL

27 DAYTONA BEACH, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 199.037

Florida Statutes  Yes  No

23

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29

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32115

USA

32115

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MALKANI, ROBERT B  
740 MARINA POINT DRIVE  
DAYTONA BEACH FL 32115~~

81 Name CHRISTINE M. POLANS, ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable) BUSH, ROSS, GARDNER, WARREN & RUDY, PA  
83 220 SOUTH FRANKLIN ST.  
84 City DAYTONA BEACH FL 85 Zip Code 32162

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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

*Robert B. Malkani*

4-17-95

Print or typed name of registered agent and the 4 applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MALKANI, ROBERT B "N/A"
STREET ADDRESS	<del>740 MARINA POINT DRIVE</del>
CITY, ST, ZIP	<del>DAYTONA BEACH FL 32115</del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1	TITLE	PRESIDENT/SECTY/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	MALKANI, ROBERT B. "N/A"	
13	STREET ADDRESS	P.O. BOX 1585	
14	CITY, ST, ZIP	DAYTONA BEACH, FL 32115	
21	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME		
23	STREET ADDRESS		
24	CITY, ST, ZIP		
31	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS		
34	CITY, ST, ZIP		
41	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME		
43	STREET ADDRESS		
44	CITY, ST, ZIP		
51	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME		
53	STREET ADDRESS		
54	CITY, ST, ZIP		
61	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME		
63	STREET ADDRESS		
64	CITY, ST, ZIP		

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 110.07(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:

*Robert B. Malkani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

4/21/95

Florida Form #