

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P94000091986 (7)**  
1. Corporation Name  
**APEX INTERNATIONAL MANAGEMENT COMPANY**



Principal Place of Business Mailing Address  
~~P.O. BOX 1685~~ ~~DAYTONA BEACH FL 32115~~ ~~US~~  
~~P.O. BOX 1585~~ ~~DAYTONA BEACH FL 32115-1585~~ ~~US~~

2. Principal Place of Business 2a. Mailing Address  
21 **P.O. Box 2688** 26 **P.O. Box 2688**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **DAYTONA BEACH FL** 28 **DAYTONA BEACH FL**  
Zip Country Zip Country  
24 **32115** 25 **USA** 29 **32115** 30 **USA**

3. Date Incorporated or Qualified **12/15/1994** 3a. Date of Last Report **04/24/1996**  
4. FEI Number **59-3284346** 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  
**POLANS, CHRISTINE M ES**  
~~BUSH, ROSS, GARDNER, WARREN & RUDY PA.~~  
~~220 SOUTH FRANKLIN ST~~  
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent  
81 Name **Christine M. Polans**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **BUTLER BURNETTE & PAPPAS**  
**BAYPORT PLAZA, SUITE 1100**  
**6200 COURTNEY CAMPBELL CAUSEWAY**  
84 City **TAMPA** FL 85 Zip Code **33607**

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 607.0905, Florida Statutes.  
SIGNATURE *Christine M. Polans* **Christine M. Polans** **4/20/97**  
Signature of authorized officer of registered agent, if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>0</del>	<input type="checkbox"/> DELETE
NAME	<b>MALKANI, ROBERT B</b>	
STREET ADDRESS	<del>P.O. BOX 1685</del>	
CITY-ST-ZIP	<del>DAYTONA BEACH FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PVSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>P.O. BOX 2688 (N/A)</b>	
1.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32115</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.  
SIGNATURE *Robert Malkani* **ROBERT MALKANI** **4/14/97** **329-840**

CR2E034 (9/96)