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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000005896 (2)

APEX PRODUCTIONS, INC.

0.1.1.1.0		Malikas Addago					
Principal Place of Business Mailing Address					, , , , , , , , , , , , , , , , , , , ,		
601 SUMMERWINDS LANE PO BOX 7764 JUPITER FL 33458 JUPITER FL 33468							
JUPITER FL 33458 JUPITER FL 33468					DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified	
						01/19/1995	
2. Principal Place of Business 2a. Mailing Address				•		4. FEI Number Applied For	
21 825 Parkuty St 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						59-3305559 Not Applicable \$8.75 Additional	
22 Suite 14 27						5. Certificate of Status Desired Fee Required	
City & State City & State City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country				a Title of the control of the contro	
24 337	477 25 USK	29	30			Personal Property Tax due June 30. 🔁 Yes 🔲 No 😲	
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered Agent	
co	COPE, ANDREW P						
601 SUMMERWINDS LANE				B2 Stre	treet Address (P.O. Box Number is Not Acceptable)		
JU	PITER FL 33458		ŀ	83			
			-	B4 City		■』 85 Zip Code	
						FL	
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig-	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	utes, the ab authorized Torida Stati	ove-named by the oten	ned corpo corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	OTE: Registered	Agent sign	ature required	d when reinstating) DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	☐ DELETE	1.1 111	.E		Change Addition	
NAME	COPE, ANDREW		1.2 NA	ΛE			
STREET ADDRESS 601 SUMMERWINDS LANE			1.3 STREET ADDRESS		SS		
CITY-ST-ZIP	JUPITER FL 33458		1,4 CITY - ST - ZIP				
TITLE	V	DELETE	2.1 T/I	Æ		Change Addition	
NAME			2.2 NA	ИE	Fer	ul Walke 304 Flasship Circa & -	
STREET ADDRESS		-	2,3 ST			304 Flasship Cir.	
CITY - ST - ZIP				Y-ST-ZIP	্য ব	porter FL 33458	
TITLE		☐ DELETE	3.1 TIT			Change Addition	
NAME			3.2 NA	ΛE			
STREET ADDRESS			3.3 ST	EET ADDRE	SS		
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	4.1 TiT	.E		L Change L Addition	
NAME			4. 2 N	ME			
STREET ADDRESS			4.3 ST	EET ADDRE	SS		
CITY-ST-ZIP			4.4 Ci	Y - ST - ZIP			
TITLE		DELETE	5.1 TIT	.E		L Change L Addition	
NAME			5.2 NA	ΛE			
STREET ADDRESS			5.3 ST	EET ADDRE	ss		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE	-	☐ DELETE	6.1 TIT			Change Addition	
NAME			6.2 NA	AF.			

14. I hereby certify that the information supplied with this filling 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 of 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, of on an attachment with an address.

6.3 STREET ADDRESS

NAME

CITY-ST-ZIP

FILED

Feb 09 1998 8:00am

Secretary of State