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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000020059 (8)

## APOLLO FINANCIAL CORPORATION

6544 N US HWY 41 6544 NO. U.S. HIGHWAY 41 122-8 APOLLO BEACH FL 33572 DO NOT WRITE IN THIS SPACE APOLLO BCH FL 33572 3. Date Incorporated or Qualified 03/09/1995 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 59-3320195 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 Trust Fund Contribution Added to Fees 23 28 Ζίρ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name GREENE, CAROL D 6544 NO. U.S. HIGHWAY 41 Street Address (P.O. Box Number is Not Acceptable) SUITE 122-B **B3** APOLLO BEACH FL 33572 Zip Code 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE D GREENE, CAROL D 1.2 NAME NAME STREET ADDRESS 1018 SILVER PALM WAY 1.3 STREET ADDRESS **A**POLLO BEACH FL 33752 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME ANDERSEN, WAYNE J 2.2 NAME STREET ADDRESS 1018 SILVER PALM WAY 2.3 STREET ADDRESS APOLLO BEACH FL 33752 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP C!TY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition

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 attachment with an address.

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

**FILED** 

Apr 03 1998 8:00am

Secretary of State