

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 31 1997 8:00am
Secretary of State

DOCUMENT # P95000030586 (8)

1. Corporation Name

THE APPLGATE GROUP, INC.



Principal Place of Business

2788 N.E. 5 STREET
POMPANO BEACH FL 33062

Mailing Address

2788 N.E. 5 STREET
POMPANO BEACH FL 33062-4925

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 24 NE 24 Ave

26 Suite, Apt. #, etc.

22 Pompano Bch

27 Suite, Apt. #, etc.

23 Florida

28 City & State

24 33062

29 Zip

25 USA

30 Country

4. FEI Number

65-0575054

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

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

3-10-96

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

P
NAME: APPLGATE, EDWARD C
STREET ADDRESS: 2788 N.E. 5 STREET
CITY-ST-ZIP: POMPANO BEACH FL 33062

☐ DELETE

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

☐ DELETE

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

☐ DELETE

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

P
1.1 TITLE: NAME: 1.2 NAME: Marion Applegate
1.3 STREET ADDRESS: 2788 NE 5 ST
1.4 CITY-ST-ZIP: Pompano Bch FL 33062

☐ Change

☐ Addition

2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:

☐ Change

☐ Addition

3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:

☐ Change

☐ Addition

4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:

☐ Change

☐ Addition

5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:

☐ Change

☐ Addition

6.1 TITLE: 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96
Date

784-0450
Daytime Phone

0145135

CR2E034 (9/96)