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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 15 1998 8:00am

Secretary of State

DOCUMENT # P95000051221 (6)

LAW OFFICES OF GARY A. APPEL, P.A.

ENN OI	TIOLO OF WAIT A. ALT					
Principal Place of Business		Mailing Address			81/81 11910 118 <del>18 11881 1181 1881</del>	
19495 BISCAYNE BLVD		19495 BISCAYNE BLVD	19495 BISCAYNE BLVD			
704		704		DO NOT WRITE IN TH	IIS SPACE	
AVENTURA FL 33180 US		AVENTURA FL 33180 US		3. Date Incorporated or Qualified	- IO OF FIOL	
		00			06/30/1995	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0603746	Not Applicable
Sulte, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State	<del>-</del>		6. Election Campaign Financing	\$5.00 May Be
Zip Country		28	Zip Country		Trust Fund Contribution	Added to Fees
24	25	29			<ol><li>This corporation owes or has paid the Personal Property Tex due June 30.</li></ol>	
24	9. Name and Address of Curi		30	···	10. Name and Address of New Register	
ADD	PEL, GARY A		81	Name		
19495 BISCAYNE BLVD				Ctroot Addre	ess (P.O. Box Number is Not Acceptable)	
	TE 704		82	Sileet Addre	ass (P.O. Box Number is Not Acceptable)	
	NTURA FL 33180		83			
			84	City		85 Zip Code
				·		·L∣! I
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 providing the corporation of the purpose of changing its registered agent. I am familiar with, and accept the obligations of the purpose of changing its registered agent. I am familiar with, and accept the obligations of the purpose of changing its registered agent. I am familiar with, and accept the obligations of the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familia						
agent. I am familiar with, and accept the obligations of Socion 607,0505, Florida Statutes.						
SIGNATURE						0
12.	Signature typed or presed have of registered	agrent and Ottent applicable (NOT NND DIRECTORS	I : Registered Aper 13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DPST DELETE		1.1 TITLE		ADDITIONAL TO OFFICE TO	Change Addition
NAME	APPEL, GARY A		1.2 NAME			
STREET ADDRESS 19495 BISCAYNE BLVD 704		l	1.3 STREET ADDRESS			
CITY-ST-ZIP AVENTURA FL			1.4 CITY-ST-ZIP			
TITLE			2.1 T(TLE			Change Addition
NAME	<b>I</b>		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S1-ZIP			
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	ADDRESS		
CITY-ST-ZIP			3.4. CITY- \$1	T-ZIP		
TITLE	☐ DELETE		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	-7IP		Change   Addition
TITLE	1		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		5.3 STREET #			
CITY-ST-ZIP			5.4 CITY-SI 6.1 TITLE	- ZIP		Change Addition
TITLE NAME			6.1 THEE			Fi comide Fi vacation
STREET ADDRESS			63 STREET A	MUBERS		
AUTEL MANUESS			■ Gaginttit	IODHEDO		

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 suppliemental 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 is 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.

6.4 CITY-ST-ZIP