PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P96000043369

APPLE VALLEY PROPERTIES, INC.

Principal Place of Business Mailing Address D.R.A. SLINSCAPE APARTMENTS D.R.A. SUNSCAPE APARTMENTS

FILED Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90007 009 ***550.00



Principal Place of Business 28 Melling Address 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite 29		ER REGENCY DRIVE		7 FLETCHER REGEN PA FL 33613	ICY DRIVE		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1996	
Suite, Apt. #, etc.	2 Principal Place of Business			lailing Address				
Suite, Apt. #, etc. 20				,			59-3380877 Not Applicable	
27 City & State				uite, Apt. #, etc.			\$8.75 Additional	
Zip	22			27			Fee Required	
Zip	City & State			City & State				
Zip	23	_	28				Trust Fund Contribution Added to Fees	
9, Name and Address of Current Registered Agent DEBNAM, LEE 13617 FLETCHER REGENCY DR TAMPA FL 33613 81 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 Slatutes, the above-named corporation submits this statement for the purpose of changing its registere 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 registere agent and familiar wijks, and accept the obligations of, section 607.0502 and 607.0505, Florida Slatutes, the above-named corporation's board of directors. I hereby accept the appointment as registere agent and familiar wijks, and accept the obligations of, section 607.0505, Florida Slatutes. SIGNATURE DISTRIBUTION OF PROBLEMS (P.O. Box Number is Not Acceptable) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE PD		Country	Z	ip	Count	ry		
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DEBNAM, LEE 13817 FLETCHER REGENCY DR TAMPA FL 33613 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607,0502 and 807,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of horaping its 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, if am familiar wijkh, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SUprature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS TITLE PD Change AL CHANGES CITY-ST-ZIP TITLE Change AL CHANGES CITY-ST-ZIP Change AL Change AL CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CHANGES CITY-ST-ZIP CH		Name and Address	of Current Register	red Agent		4T 51		
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14. Thereby 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	14. I hereby ce	ertify that the information su	pplied with this filing	does not qualify for	the exempt	on stated	in section 119.07(3)(i), Florida Statutes. I further certify that the information	

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 for on an attachment with an address.

SIGNATURE: