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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000044334 (6)

FILED Jan 21 1997 8:00am Secretary of State

1. Corporation Name ALLAN F. APPEL, C.P.A., P.A. Principal Place of Business 1701 VESTAL DRIVE CORAL SPRINGS FL 33071			Mailing Address 1701 VESTAL DRIVE CORAL SPRINGS FL 33071-5863		
					3. Date incorporated or Qualified 3a. Date of Last Report 05/17/1996
2. Principal P	lace of Business	1	2a. Mailing Address		4. FEI Number Applied For
		ESS CK, AD		YPREIS CK. K	
Suite, Apt 22 3 2			Su te, Apt. #, etc.		5. Certificate of Status Desired
City & State			City & State		Election Campaign Financing \$5.00 May Be
23 FTILA	UDERDALE	FL	28 FT, LAUDER	DALE, FC	Trust Fund Contribution Added to Fees
3330	o 1	Country U.S.A.	Zip 3/29	Country	8. This corporation has liability for intengible tax under s. 199.032
24 -7330	/	Address of Curren	t Registered Agent	30 473 27	Florida Statutes
ADD	EL, ALLAN F.	Address of Carrell	t riegistered Agent	81 Nam	
	1 VESTAL DRIV	E		82 Stree	pet Address (P.O. Box Number is Not Acceptable)
	AL SPRINGS F				99 W. CYPRESS CK. RD, - = 321
				83	·
				84 City	FT. LAUDERDAGE FL 85 Zip Code 333309
44 Purcuant	to the provisions	of Spetious 607 05.0	2 and 607 1508. Ekvida St	atutes the above-name	FT, LAUDERDAKE FL 33309 ned corporation submits this statement for the purpose of changing its register
agent La SIGNATURE	egistered agent (m) familiar with, a Signature, tysed or per	pd accept the obligation of th	ations of, Section 607.0505 ALCAV F	, Florida Statutes. (NOTE Flegistered Agent signati	······
12.	D	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additional Additional Change Additional Additional Additional Change Additional C
NAME	APPEL, ALLA	NF	الله الله الله الله الله الله الله الله	1.2 NAME	- • -
STREET ADDRESS	1701 VESTAL			1.3 STREET ADDRESS	SS 899 W. CYPRESS CREEK RD#321 FT. LAUDENOME, FL 33309
CITY - ST - ZIP		NGS FL 33071		1 4 CITY-ST-ZIP	FT. LAUDENOME FL 33309
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NAME				2.2 NAME	
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STREET ADDRESS				5.3 STREET ADDRESS	ss
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STREET ADDRESS				6.3 STREET ADDRESS	***16E UU

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 Brock 13 if changed, or on an attachment with an address