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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000045124 (0)

1. Corporation Name

APPLE FINANCIAL MANAGEMENT SERVICES, INC.

Principal Place of Business

101 NORTH OCEAN DRIVE
208A
HOLLYWOOD FL 33019

Mailing Address

101 NORTH OCEAN DRIVE
208A
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

65-0667335

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 101 N. Ocean Dr

26 101 N. Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 208

27 Suite 208

City & State

City & State

23 HOLLYWOOD, FL

28 HOLLYWOOD, FL

Zip

Country

Zip

Country

24 33019

25 U.S.A.

29 33019

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIEN, JOSEPH P.A.
1909 HARRISON STREET
SUITE 212
HOLLYWOOD FL 33020

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)

DATE

J. Brien

Joseph Brien

1/14/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☐ DELETE

NAME KAHN, JAMES W
STREET ADDRESS 101 NORTH OCEAN DRIVE #208A
CITY-ST-ZIP HOLLYWOOD FL 33019

1.1 TITLE P/C ☒ Change ☐ Addition

1.2 NAME KAHN, JAMES W
1.3 STREET ADDRESS 101 N. Ocean Dr., Suite 208
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE D ☒ DELETE

NAME GOODALL, BRENDA G
STREET ADDRESS 101 NORTH OCEAN DRIVE #208A
CITY-ST-ZIP HOLLYWOOD FL 33019

2.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME DOMBROSKI, DAVID M
STREET ADDRESS 101 NORTH OCEAN DRIVE #208A
CITY-ST-ZIP HOLLYWOOD FL 33019

3.1 TITLE V/D ☒ Change ☐ Addition

3.2 NAME DOMBROSKI, DAVID M
3.3 STREET ADDRESS 101 N. Ocean Dr., Suite 208
3.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE D ☐ DELETE

NAME KAHN, DIANA O
STREET ADDRESS 10555 S.W. 124TH RD
CITY-ST-ZIP MIAMI FL 33186

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME KAHN, DIANA O
4.3 STREET ADDRESS 12201 SW 100 ST
4.4 CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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.

SIGNATURE:

D. M. Dombroski

DAVID M. DOMBROSKI 7/1/98 954-972-4955

CR2E034 (10/97)