Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90010 039 ***150.00

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| DOCUMENT # | P96000080607 |
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| 4 O | 1 000000000 |

1. Corporation Name

APJ LAND CORPORATION

Principal Place of Business 577 DUNCAN AVENUE SOUTH

2. Principal Place of Business

CLEARWATER FL 34616

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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577-DUNCAN AVENUE SOUTH OLEARWATER FL 34616

MOBINARY ISON

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

09/30/1996

59-3422571

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

| 23 CLF K | _ V 1 | 28 CLEARWATE | = w FL | . Trust Fund Contribution Added to Fees | | | |
|---|---|--------------------------------------|--------------------------|---|--|--|--|
| 7in | Country | Zip | Country | 8. This corporation owes the current year Intangible | | | |
| 24 337 | | 29 3 755 30 | PINELL | Personal Property Tax. Yes No | | | |
| 24 0 0 1 | 9. Name and Address of Current R | | | 10. Name and Address of New Registered Agent | | | |
| | | | 81 Name | T NAME S | | | |
| | ION, J M ESO | | 82 Street | Address (P.O. Box Number is Not Acceptable) | | | |
| 577 | DUNCAN AVENUE SOUTH | | | | | | |
| -CLE/ | RWATER FL 34616 | | 83 | | | | |
| • | | | | leel 7: O.d. | | | |
| | | | 84 City | LEARWATER 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 | | | | | | | |
| f office or n | egistered agent, or both, in the State of I m familiar with, and accept the obligation | Florida, Such change was author | ized by the corpo | ration's board of directors. I nereby accept the appointment as registered | | | |
| _ | in fairmar with, and accept the obligation | 110 01, 0001011 007.0000, 110.100 | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent ar | nd title if applicable. (NOTE: Regis | tered Agent signature re | equired when reinstating) DATE | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | VERPOR, J. MARCUS Change Addit | | | |
| NAME | VERNON, J M | | 1.2 NAME | | | | |
| STREET ADDRESS | 577 DUNCAN AVENUE SOUTH | _ I· | 1.3 STREET ADDRESS | 1721 RAINBOWDR. | | | |
| CITY-ST-ZIP | CLEARWATER FL 34616 | | 1.4 CITY-ST-ZIP | CLEARWATER FL. 33755 | | | |
| TITLE | • | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addit | | | |
| NAMÉ | - | 1 : | 2.2 NAME | | | | |
| STREET ADDRESS | an e a cara me care e | | 2.3 STREET ADDRESS | ا اهاف العام الع | | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | · | | | |
| TITLE | | ☐ DELETE : | 3.1 TITLE | ☐ Change ☐ Addit | | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | 1 : | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | . | 3.4. CITY-ST-ZIP | • | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addit | | | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addit | | | |
| NAME | | 1 | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | Į. | 5.4 CITY-ST-ZIP | · | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addit | | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP - | | <u> </u> | 6,4 CITY-ST-ZIP | | | | |

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 supplier that 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 ecciver 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 charged or on an attachment with an address, with all other like empowered.

SIGNATURE: