FILE NOW: FILING FEE AFTER MAY 1 IS \$

PROFIT ...



FLORIDA DEPART ENT OF STATE



	JAL REPORT Secretary of Mel			hage		السي <sup>س</sup> Wlay U	8 199	/ <b>8</b> :	uuam	
	1997 DIVISION OF COR			PUSINE		Secretary of State				
					3	Ne SCCI	Ctai y	OI O	iaic	
DOCUN 1. Corporation	MENT # <b>-296999</b>	096612347	_	·	~	1				
1. Corporation	TOTAL CONTROL OF THE STATE OF T	- P96000	d89	388	<b>S</b>	HI .	4 -			
		F 71600	•			LID CONTRACTOR OF THE PARTY OF	Salar Maria		वानुस्य	
PiNe	Apple Ventures	Inc		-		4				
Principal Place	of Business	Maling Address							التجبار	
HO WEST BROAD STREET YOU WEST BROAD STREET Y				;	1					
ALLS CHURCH	VA 22046	LATTO CHIMINA AN ESCHOOL	3931				······	;		
						B. Date Incorporated or Qu		ate of Last Re	port	
- 6:		2a, Mailing Address		<del></del>		14/82/1906 10/30)	76	I IÁD	plied For	
2. Principal Pl	ace of Business	26. Maning Address			}	1. FEI Number 1825	738	<b></b>	Applicable	
Suite, Apt.	#, etc.	Surte, Apt. #, etc.	<u>.,,</u>	1		5. Certificate of Status Desi	red 🔘	\$8.75 A		
2		27				Fee Required				
City & State		City & State		· i	į (	5. Election Campaign Finar	icing .	\$5.00 Added to		
3] Zip	Country	28	Cour	ntry		Trust Fund Contribution  B. This corporation has liab	lity for intendible			
4	25	29	30			Florida Statutes	Yes [	□ No		
	g. Name and Address of Currer	it Registered Agent		61 Name		O. Name and Address of	lew Registered	Agent		
KRUE						<del></del>				
600 WHITEHEAD STREET KEY WEST FL 33040				62 Street	Address	(P.O. Box Number is Not A	cceptable)			
NET '	WEST FL 33040		1	83				· · · · · · · · · · · · · · · · · · ·		
•			-	84 City				85 Zip (	Code	
1			l.	1 1 7			FL		a recipiosed	
11, Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig.	2 and 607 1508, Florida Statute of Florida, Such change was a	es, the ab authorized	ove-named by the cor	rporation's	tion submits this statement is board of directors. I hereb	y accept the app	continent as	registered	
agent 1 a	m familiar with, and accept the oblig	ations of Section 607.0505, Flo	orida Stati	лев.	• •	1. C.2 4. C. d.				
SIGNATURE	Signature, typed or printed name of registered age	art and to 4 f applicable (NOT)	E: Registered	Agent eignature	re required w		DATE			
12.		D DIRECTORS  DELETE	13.		0	ADDITIONS/CHANGES T	O OFFICERS AND	D DIRECTOR	S IN 12 SS	
TITLE	D Taylor, Warren W Jr.	C Deceie	1.1 TIT 1.2 NA		War	ren W. Taylor	711			
NAME STREET ADDRESS	419 WEST BROAD STREET			REET ADDRESS	ـممـ	A	19 W. USM	21,011	1704 E	
CITY-ST-ZIP	FALLS CHURCH VA 22046		1.4 CF	Y-ST-ZIP	MS.	(+1014) VA 2276	4 PMLC	uly Up	1007 S	
TITLE	D	DELETE	2.1 TIT		0,	1 11 0 -1		L. Change	<b>E</b> Addition	
NAME	TAYLOR, CLAUDETTE E		22 NA	ME	11 100	lette E. /Alle				
	419 WEST BROAD STREET FALLS CHURCH VA 22048			reet adoress Ty-St-21P	Falls	Church UM. 220	. (			
CITY-ST-ZIP TITLE	PALLS CHUNCH TA ZECTO	DELETE	\$.1 TIT		- 12.72.71 X	CHVKA, DA. FF.	<u> </u>	☐ Change	Addition	
NAME			3.2 NA	ME		1		i.		
STREET ADORESS				reet adoress	1	Vinter .			"	
CITY-ST-ZIP		□ DELETE		TY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TITLE	\	C DETEST	4.1 Til 4. 2 N				+ 13 12.			
NAME STREET ADDRESS		•		REET ADDRESS			. 1.		4	
CITY-ST-ZIP			4.40	Y-51-ZIP				<u></u>	11000	
TITLE		DELETE	5.1 7/1					Change	L Addition	
NAME	\		\$.2 N	;	.		4//	5 5/8	7/9/	
STREET ADORESS	\			reet address Ty-St-Zip	'		- 110	190	10	
CITY-ST-ZIP TITLE		DELETE	6.1 T)			مدر راسار رسان رسان الم	4 ~~~	Change	Addition	
NAME			8.2 N	ME		4000 <b>0</b> 2 -05/19/97	.0100401 '001001.	⊅ <b>*†</b> 24		
STREET ADDRESS	\			reet address	<b>3</b>	***165.00	OTOBAO	_T .	, :	
CITY-ST-ZIP	h	old tries thin films does not seed	B4C	TY-ST-ZIP	Stated in		Statutes I furth	er certify that	the	
14. I do nere information	on indicated on this annual report or	wip inis raing does not quali sypplemental annual report is f	true and t	SOCULATE SU	nd that my	/ signature shall have the se	me legal effect a	is if made un	der oath; that	
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 poport 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.										
0.01	SIGN	NATURE REQ		EDΛ	Val	4/20	197			
SIGNAT		OR PRINTED NAME OF BIGHING OFFICER		TOP	77	base	1-1-/	Daytime Phone #	0012005	