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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtham +

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102748 (6)

## **FILED** Mar 17 1998 8:00am Secretary of State

APOLLO	O 3D, INC.				
Principal Place	e of Business	Mailing Address			1 IODANDAK ING MAKIN BEKIN BEKIN BEKIN BEKIN BEKIN BIJAN BODIND KIDAN KADIN BIJAN BUDIN BUDIN BUDIN BUDIN
7648 SOUTHLAND BLVD. SUITE 102 7648 SOUTHLAND BLVD. S ORLANDO FL 32609 ORLANDO FL 32609			SUITE 102		
					DO NOT WRITE IN THIS SPACE
I				•	3. Date Incorporated or Qualified
2 Principal P.	lace of Business	2a. Mailing Address			12/20/1996 4. FEI Number Applied For
21	idob or business	` ^	9027	la.	59-3424749 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, , , , , ,		S8 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be
23		28 Orlando,	FL		Trust Fund Contribution
Zip	Country	Zip	Country	<i>t</i>	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current		30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
		Hegiotolog Agent	81	Name	10, Hallie and Address of few Hogisterov Agent
	E, GRAHAM C		L		
7648 SOUTHLAND BLVD SUITE 102			82	Street A	ddress (P.O. Box Number is Not Acceptable)
	LADNO FL 32809		83	<del> </del>	
On	DADITO I L SEGGE				
			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.					
	m tamiliar with, and accept the obligati	ons or, Section 607.0505, Fior	ida Statute	S.	
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable (NOTE:	Registered Ag	ont signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTSD	☐ DELETE	1.1 TITLE	ין	PTSD Change Addition
NAME	EKE, GRAHAM C		1.2 NAME CKE		CKe, Graham C 8803 Southern Breeze Drive
STREET ADDRESS			1.3 STREET ADDRESS 88		8803 Southern Breeze Fire
CITY-ST-ZIP	ORLANDO FL 32809	DELETE	1.4 CITY - 5	IT-ZIP(	Orlando, FC 328
TITLE	PD DAMOAY DODEDT A	☐ DETEIE	2.1 TITLE		Ramsay, Robert A Blvd, # 906, 3852 Sutton Place Blvd, # 906,
NAME	RAMSAY, ROBERT A		22 NAME 23 STREET ADDRESS 3 8		2052 Stitton Place Blvd, # 906,
STREET ADDRESS	ODI ANDO DI ACCO			AUURESS	sinter Park, Fl 32792
CITY-ST-ZIP TITLE	ONLANDO PE 32008	DELETE	2.4 CITY - 3.1 TINE	<u> </u>	Change Addition
NAME		,	3.2 NAME	- 1	
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY -		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP		Devette	5.4 CITY - S	T-ZIP	
TITLE		☐ DÉLETE	6.1 TITLE		☐ Change ☐ Addilion
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET		
14. I hereby c	erlify that the information supplied with	this filing does not qualify for	6.4 CITY-S		in Section 119.07(3)(i), Florida Statutes. I further certify that the information
					ature shall have the same legal effect as if made under oath; that I am an

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 a officer or director of the corporation or the receiver or trustee empowared 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.

GNATURE:

3/34/97

407-351-039

SIGNATURE:

407-351-0398