

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90032 019 ***150.00

DOCUMENT # P97000007191

1. Corporation Name
APOLLO MANAGEMENT, INC.

Principal Place of Business
6522 BIMINI COURT
APOLLO BEACH FL 33572

Mailing Address
6522 BIMINI COURT
APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

59-3422323

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1001 Symphony Isles Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 1001 Symphony Isles Blvd
Suite, Apt. #, etc.

23 City & State

23 Apollo Beach FL
Zip 33572 Country

27 City & State

27 Apollo Beach, FL 33572
Zip 33572 Country

24 33572 25

29 33572 30

9. Name and Address of Current Registered Agent

MORRIS, DAVID A
6522 BIMINI COURT
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name

81 La Barbera, Maria

82 Street Address (P.O. Box Number is Not Acceptable)

82 1001 Symphony Isles Blvd

83

84 City

84 Apollo Beach

FL

85 Zip Code

85 33572

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: MORRIS, DAVID A
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 3/29/99

12. OFFICERS AND DIRECTORS

TITLE D MORRIS, DAVID A
NAME MORRIS, DAVID A
STREET ADDRESS 6522 BIMINI COURT
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE D LABARBERA, MARIA
NAME LABARBERA, MARIA
STREET ADDRESS 1001 SYMPHONY ISLES BLVD.
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE: MORRIS, DAVID A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/29/99 (813) 645-5977
Daytime Phone #

CR2E034 (11/98)

0382413