

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90190 004 ***150.00

DOCUMENT # **P97000051094**

1. Corporation Name

GREEN APPLE INTERNATIONAL ASSETS, INC.

Principal Place of Business

**3825 W. HENDERSON
#201
TAMPA FL 33629**

Mailing Address

**3825 W. HENDERSON
#201
TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

59-3460444

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

Country

9. Name and Address of Current Registered Agent

**REIBER, SAM I
601 E. TWIGGS ST., STE. 200
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE **CP** ☐ DELETE
NAME **PELT, J.T.**
STREET ADDRESS **15304 TIMBERWOOD DRIVE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VS** ☐ DELETE
NAME **HANNAH, TERRY**
STREET ADDRESS **15804 TIMBERWOOD DRIVE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VD** ☐ DELETE
NAME **SHELLENBERGER, BOB**
STREET ADDRESS **3277 A FOXCHASE CIR.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **VD** ☐ DELETE
NAME **LINSKY, MITCHEL**
STREET ADDRESS **4723 W. ANITA BLVD.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **M** ☐ DELETE
NAME **DEXTER, KASEY**
STREET ADDRESS **641 LEXINGTON STREET**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ DELETE
NAME **REIBER, SAM I**
STREET ADDRESS **601 E. TWIGGS #200**
CITY-ST-ZIP **TAMPA FL 33602**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **325A AVERY AVE.**
3.4 CITY-ST-ZIP **CRYSTAL BEACH, FL. 34684**

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

813-286-1512

Daytime Phone #

CR2E034 (11/98)