

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
 JUN 24 PM 1:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #
 1. Corporation Name
APOND INC. **097000054187**

Principal Place of Business
Broward, Dade Counties

Mailing Address
**1018 Fairfield Meadows Dr
 Weston, Fla
 33327**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
June 19 1997

2. Principal Place of Business
 21 **Broward & Dade County**

2a. Mailing Address
 26 **1018 Fairfield Meadows Dr**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
 28 **Weston Fla**

24 Zip Country
 25 Country
 29 Zip **33327** 30 Country **Broward**

4. FEI Number 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

7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

81 Name **CT Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)
~~1200 S. Pine Island Road~~ **1200 S. Pine Island Road, Plantation Fla 33324**

83 City ~~Plantation~~ **Plantation FL**

84 City ~~Plantation~~ **Plantation FL** 85 Zip Code **33324**

10. Name and Address of New Registered Agent

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 607.0507, Florida Statutes.

SIGNATURE **Michael Ashton POND** **M. Ashton POND** DATE **6/18/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **President Ashton POND**

STREET ADDRESS **1018 Fairfield Meadows Dr**

CITY-ST-ZIP **Weston Fla 33327**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **600002921586-15**

2.3 STREET ADDRESS **-07/01/99--01100--014**

2.4 CITY-ST-ZIP ******150.00 ****150.00**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 **SP**

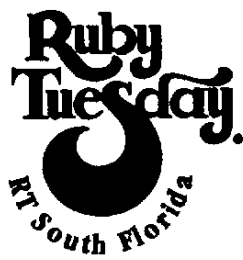
6.4 CITY-ST-ZIP

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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE: **M. Ashton POND** **M. Ashton POND** DATE **6/18/99** (954) 389 2253

Signature and typed or printed name of signing officer or director

CR2E034 (11/98)



Ashton Pond

RUBY TUESDAY SOUTH FLORIDA

1018 Fairfield Meadows Dr. • Weston, Florida 33327 • 954.389.2253 • Fax 954.389.8358

ATT. FLA DEPT OF STATE,

ATTACHED PLEASE FIND MY ANNUAL REPORT. I APOLOGIZE FOR IT'S TARDINESS. I CONTACTED THE DEPT OF SECRETARY OF STATE RECENTLY , AFTER BEING INFORMED THAT MY CORP WAS NOT IN GOOD STANDING. MY CONTACT TOLD ME THAT AN ATTEMPT HAD BEEN MADE TO SEND ME THIS FORM , HOWEVER I NEVER RECEIVED IT. SHE TOLD ME TO ATTACH THIS EXPLINATION ALONG WITH THE 150 FILING FEE.

PLEASE CONTACT ME IF THERE ARE ANY QUESTIONS.

M. ASHTON POND

A handwritten signature in black ink, appearing to read "M. Ashton Pond". The signature is stylized and cursive.