
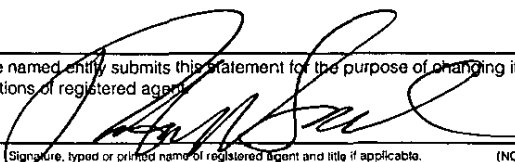
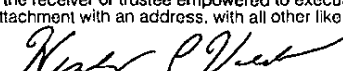


DOCUMENT # P97000072947			
1. Entity Name APEX DEVELOPMENT CORP.			
Principal Place of Business 6300 NE 1ST AVE., 3RD FLR FORT LAUDERDALE, FL 33334		Mailing Address 6300 NE 1ST AVE., 3RD FLR FORT LAUDERDALE, FL 33334	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
ROSCHEMAN, JEFFREY 6300 NE 1ST AVE., 3RD FLOOR FORT LAUDERDALE, FL 33334			Name Robert L. Weeks
			Street Address 1901 W. ...
			City Fort ...
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE:  Robert L. Weeks <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5,000	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSCHEMAN, JEFFREY 6300 NE 1ST AVE., 3RD FLOOR FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV ROSCHEMAN, ROBERT 6300 NE 1ST AVE., 3RD FLOOR FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEEKS, WESLEY 6300 NE 1ST AVE., 3RD FLOOR FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S... indicated on this report or supplemental report is true and accurate and that my signature shall have the... of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60... changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Wesley Weeks <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			