

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104478 (7)

1. Corporation Name

API INDUSTRIES, INC.

Principal Place of Business

C/O 250 BIRD ROAD
SUITE 216
CORAL GABLES FL 33146

Mailing Address

C/O 250 BIRD ROAD
SUITE 216
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1100 N.W. 55 th STREET	26 1100 N.W. 55 th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 UNIT A	27 UNIT A
City & State	City & State
23 FT. LAUDERDALE, FL	28 FT. LAUDERDALE, FL
Zip	Zip
24 33309	29 33309
Country U.S.A.	Country U.S.A.

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

65-0799126

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RYAN, JOSEPH B
C/O 250 BIRD ROAD
SUITE 216
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name	RICHARD SCHNEIDER
82 Street Address (P.O. Box Number Is Not Acceptable)	1100 N.W. 55 th STREET
83	
84 City	FT. LAUDERDALE
85 Zip Code	FL 33309

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

Richard Schneider
(NOTE: Registered Agent signature required when reinstating)

4/29/98
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIAN SCHNEIDER			1.2 NAME	RICHARD SCHNEIDER		
STREET ADDRESS	1100 NW 55 th ST			1.3 STREET ADDRESS	1100 NW 55 th ST		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309			1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33309		
TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	RICHARD SCHNEIDER SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIAN SCHNEIDER			2.2 NAME	400 NW 55 th ST		
STREET ADDRESS	1100 NW 55 th ST			2.3 STREET ADDRESS	FT. LAUDERDALE FL 33309		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309			2.4 CITY-ST-ZIP			
TITLE	TREASURER	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIAN SCHNEIDER			3.2 NAME	RICHARD SCHNEIDER		
STREET ADDRESS	1100 NW 55 th ST			3.3 STREET ADDRESS	1100 NW 55 th ST		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309			3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, 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.

SIGNATURE:  President 4/29/98 954-988-5111

CR2E034 (10/97)