**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P9800003641

1. Corporation Name

NOUNIN I	Lemignot-apollo p.a.						
Principal Place	of Business	Mailing Address				II	1561 (18) 1881
3920 NE 16 AVE OAKLAND PARK FL 33334  3920 NE 16 AVE OAKLAND PARK FL 33334  OAKLAND PARK FL 33334					DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE	
					01/13/1998	~, <del></del>	
2. Principal Place of Business 2a. Mailing Address 26		H .			4. FEI Number 65-0804846		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	May Be
Zip	Country 25	Zip 29 30	Country		This corporation owes the current year I     Personal Property Tax.	ntangible	□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registere	d Agent	
	9. Name and Address of Correct	registered Agent	81	Name	10.		
	GNOT-APOLLO, NORMA V		20	0	(C.C. Davidson in Net Apportunity)		
3920 NE 16 AVE			82 Street Address (		ess (P.O. Box Number is Not Acceptable)		
OAKI	LAND PARK FL 33334		83				
				-		. 85 Zip C	·odo
			84	City	F	L   85   Zip C	ode
11. Pursuant t	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes.	the above-	named corno	pration submits this statement for the number	of changing its i	registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auth ions of, Section 607.0505, Florida	a Statutes.	ne corporatio	n's board of directors. Thereby accept the app	ointment as reg	pistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was autrions of, Section 607.0505, Florida  Land title if applicable. (NOTE: Re	a Statutes.	ne corporatio	when reinstating)	Unitalient as reg	
office or reagent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	of Florida. Such change was autrions of, Section 607.0505, Florida  and title if applicable. (NOTE: Re	a Statutes.	ne corporatio	n's board of directors. Thereby accept the app	Unitalient as reg	
office or reagent. I are SIGNATURE  12.	egistered agent, or both, in the State of mamiliar with, and accept the obligat  Signature, typed or printed name of registered agent  OFFICERS ANI  PSTD	of Florida. Such change was autrions of, Section 607.0505, Florida  Land title if applicable. (NOTE: Re	a Statutes.  egistered Agent  13.  1.1 TITLE	ne corporatio	when reinstating)	AND DIRECTOR	RS IN 12
office or reagent. I an SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the State of mamiliar with, and accept the obligat  Signature, typed or printed name of registered agent  OFFICERS ANI  PSTD  LEMIGNOT-APOLLO, NORMA V	of Florida. Such change was autrions of, Section 607.0505, Florida  and title if applicable. (NOTE: Re	a Statutes.  agistered Agent  13.  1.1 TITLE  1.2 NAME	signature required	when reinstating)	AND DIRECTOR	RS IN 12
office or reagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	agistered agent, or both, in the State of mamiliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI PSTD LEMIGNOT-APOLLO, NORMA V 3920 NE 16 AVE	of Florida. Such change was autrions of, Section 607.0505, Florida  and title if applicable. (NOTE: Re	a Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature required	when reinstating)	AND DIRECTOR	RS IN 12
office or reagent. I are SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of mamiliar with, and accept the obligat  Signature, typed or printed name of registered agent  OFFICERS ANI  PSTD  LEMIGNOT-APOLLO, NORMA V	of Florida. Such change was autrions of, Section 607.0505, Florida and title if applicable. (NOTE: ReD DIRECTORS	a Statutes.  egistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST.	signature required	when reinstating)	AND DIRECTOR	RS IN 12
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office or re agent. I ar agent. I ar SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	agistered agent, or both, in the State of mamiliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI PSTD LEMIGNOT-APOLLO, NORMA V 3920 NE 16 AVE	of Florida. Such change was autrions of, Section 607.0505, Florida and title if applicable. (NOTE: ReD DIRECTORS	a Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET	signature required  ADDRESS  ADDRESS	when reinstating)	AND DIRECTOR	RS IN 12
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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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like employered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CfTY-ST-ZIP

SIGNATURE:  $\mathcal{U}$ 

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90016 013 \*\*\*150.00