

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90048 005 ***150.00

DOCUMENT # S16585

1. Entity Name
APOLLO TRUST CORPORATION



Principal Place of Business
**ONE N. CLEMATIS STREET
WEST PALM BEACH, FL 33401 US**

Mailing Address
**P.O. BOX 4297
WEST PALM BEACH, FL 33402**

40093972



2. Principal Place of Business
**515 N. Flogler Drive
Suite, Apt. #, etc.
Suite 300P**

3. Mailing Address
Suite, Apt. #, etc.

03082006 Chg-P CR2E034 (11/05)

City & State
West Palm Beach, FL

Zip
33401

Country
US

City & State
West Palm Beach, FL

Zip
33401

Country
US

4. FEI Number
65-0231885

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHOPIN, L FRANK
ONE N. CLEMATIS STREET
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
**515 N. Flogler Drive
Suite 300P
West Palm Beach FL 33401**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
POLIVY, IRWIN
570 LEXINGTON AVE 33RD FL
NEW YORK, NY 10022**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
MOURNING, PAUL
ONE WORLD FINANCIAL CENTER
NEW YORK, NY**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
LIPTON, LINI
936 FIFTH AVE
NEW YORK, NY 10021**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
BERNSTEIN, HARVEY
570 LEXINGTON AVE 33RD FL
NEW YORK, NY 10022**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harvey Bernstein **5/1/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Harvey Bernstein, Treasurer** Phone # _____