

04-26-2007 90213 014 ***150.00
S16585

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -1 PM 2:39

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16585			
1. Entity Name APOLLO TRUST CORPORATION			
Principal Place of Business 515 N. FLAGLER DRIVE STE 300-P WEST PALM BEACH, FL 33401 US		Mailing Address P.O. BOX 4297 WEST PALM BEACH, FL 33402	
2. Principal Place of Business - No P.O. Box # 223 Sunset Avenue		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc.	
City & State Palm Beach, FL		City & State	
Zip 33480	Country	Zip	Country
		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 515 N. FLAGLER DRIVE STE 300-P WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 223 Sunset Avenue Suite 230 Palm Beach, FL Zip Code 33480	
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature: typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S POLIVY, IRVIN 570 LEXINGTON AVE 33RD FL NEW YORK, NY 10022 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	P Bernstein, Harvey 570 Lexington Ave 33rd fl New York, NY 10022 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T Wolff, Mark J. 570 Lexington Ave 33rd fl New York, NY 10022 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: <u>Harvey Bernstein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/23/07</u> Daytime Phone # _____	