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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S48841

APAD INC.

Principal Place	of Business	Mailing Address							
4895 REGENCY	CT .	4895 REGENCY CT						•	
BOCA RATON F	L 33434	BOCA RATON FL 33434			DO NOT \	WRITE IN THIS	SPACE		
					3. Date Incorporated or Quali				
·					04/01/1991				
	t Puninger	2a, Mailing Address		<del>-</del>	4. FEI Number	<u> </u>	Apr	plied For	
2. Principal Ri	ace of Business	<u> </u>			65-0252723		Not	t Applicable	Ś
5.4. 4-4.4	# 010	Suite, Apt. #, etc.		•			\$8.75 A	dditional	
Suite, Apt. #	#; etc.	⊢¬ `			5. Certifcate of Status Desire	d 🗆	Fee Re	quired .	
City & State		City & State			6. Election Campaign Finance	ina —	\$5.00	May Be	
City & State		28			Trust Fund Contribution	9 🗆	Added to	•	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the	current year Ir	ntangible ,		
<del>-1</del> '	25	29	30	Ť	Personal Property Tax.		☐Yes	No	
24	9. Name and Address of Cui		1001		10. Name and Address of No	ew Registered	Agent	· · ·	
	5., Name and Address of Oak			81 Name					
HOLL	LAND, PETER J.			88 Ch 1 A 1 1	ress (P.O. Box Number is Not Acc	entable)			
	REGENCY CT			82 Street Add	ress (P.O. DOX Number is NOT ACC	vehimole)			
	A RATON FL 33434			83	The state of the s	1911 - 34	1 1 1 1 1	1.341	
•						. 14 - 14 <u>- 14 - 14 - 14 - 14 - 14 - 14 </u>	85 Zip C	Very 74 PSE	
	, <b>š</b>			84 City		FI	) 85 Zip C	>00 <del>0</del>	
44 Quequent	to the provisions of Sections 607	0502 and 607 1508. Florida Statu	ites, the a	bove-named corr	poration submits this statement for	the purpose of	of changing its	registered	
					ion's board of directors. I hereby a	ccept the appo	ointment as req	gistered	
agent. I ar	m familiar with, and accept the ob	ingations of, Section 607.0303, F	Unda Stati	iles.					
SIGNATURE	Signature, typed or printed name of registered	acent and title if applicable (NO	F Registered	Acent signature require	ed when reinstating)	DATE			
									ĺĈ
		AND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	1001
12.	OFFICERS				ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12	14.4100
12. TITLE	OFFICERS DP	AND DIRECTORS	13.	ne l	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12 Addition	001447
12. TITLE NAME	OFFICERS DP HOLLAND, PETER J.	AND DIRECTORS	13. 1.1 TI 1.2 N/	ne l	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO ☐ Change	RS IN 12 ☐ Addition	001477
12. TITLE NAME STREET ADDRESS	OFFICERS DP HOLLAND, PETER J. 4895 REGENCY CT	AND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S <sup>2</sup>	TLE VME	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO ☐ Change	☐ Addition	001477
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL	AND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S <sup>2</sup>	TLE AME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO ☐ Change ☐ Change	RS IN 12 Addition	001447 400000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS	S AND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S <sup>2</sup> 1.4 CI	TLE TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition	001447 400000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA	S AND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/	TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition	COUNTY FOOTOGO
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA 4895 REGENCY CT	S AND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S'	TLE  TY-ST-ZIP  TLE  MME  TREET ADDRESS  TREET ADDRESS	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition	001777
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA	S AND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S'	TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  TREET ADDRESS  ITY-ST-ZIP	ADDITIONS/CHANGES TO	OFFICERS A	Change	☐ Addition	001447 400000
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA 4895 REGENCY CT	AND DIRECTORS  DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C	TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE	ADDITIONS/CHANGES TO	OFFICERS A	☐ Change	☐ Addition	00,447,4000
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA 4895 REGENCY CT	AND DIRECTORS  DELETE	13. 1.1 TI 1.2 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 CI 3.1 TI 3.2 NV	TLE  THE TADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  ITY-ST-ZIP  TLE  TLE  AME	ADDITIONS/CHANGES TO		☐ Change	☐ Addition ☐ Addition ☐ Addition	00,447,40000
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11.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA 4895 REGENCY CT	AND DIRECTORS  DELETE  DELETE	13. 1.1 TI 12 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 .CC 4.1 TI 4.2 NV	TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  AME  REET ADDRESS  ITY-ST-ZIP  TLE  AME  REET ADDRESS  ITY-ST-ZIP  TLE  ITH-ST-ZIP  TLE  IAME	ADDITIONS/CHANGES TO		☐ Change	☐ Addition ☐ Addition ☐ Addition	(00/44) 400000
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11.  TITLE  NAME  STREET ADDRESS  CITY- ST. ZIP	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA 4895 REGENCY CT	AND DIRECTORS  DELETE  DELETE	13. 1.1 TI 12 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 .C 4.1 TI 4.2 NV 4.3 S' 4.4 C	TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  AME  REET ADDRESS  ITY-ST-ZIP  TLE  ITHEET ADDRESS  ITY-ST-ZIP  TLE  IAME  ITHEET ADDRESS  ITY-ST-ZIP	ADDITIONS/CHANGES TO		☐ Change	☐ Addition ☐ Addition ☐ Addition	(80) 447 ACOTION
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA 4895 REGENCY CT	AND DIRECTORS  DELETE  DELETE	13. 1.1 TI 12 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 C 4.1 TI 4.2 NV 4.3 S' 4.4 C 5.1 TI	TLE  MME  REET ADORESS  TY-ST-ZIP  TLE  MME  TREET ADORESS  ITY-ST-ZIP  TLE  AME  ITREET ADORESS  ITY-ST-ZIP  TLE  IAME  ITEET ADORESS  ITY-ST-ZIP  TLE  IAME  ITEET ADORESS  ITY-ST-ZIP  TLE  IAME  ITEET ADORESS  ITY-ST-ZIP  TLE  IAME	ADDITIONS/CHANGES TO		☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	(00,47) 400L0GO
11.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  NAME  NAME	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA 4895 REGENCY CT BOCA RATON FL	AND DIRECTORS  DELETE  DELETE	13. 1.1 TI 12 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 CC 3.1 TI 3.2 NV 3.3 S' 3.4 .CC 4.1 TI 4.2 NV 4.3 S' 4.4 CC 5.1 TI 5.2 NV	TLE  TREET ADDRESS TY-ST-ZIP TLE  AME TREET ADDRESS TY-ST-ZIP TLE  AME TREET ADDRESS TY-ST-ZIP TLE  AME	ADDITIONS/CHANGES TO		☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	(00,44), 400 1000
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HOLLAND, PETER J. 4895 REGENCY CT BOCA RATON FL DS HOLLAND, DONNA 4895 REGENCY CT BOCA RATON FL	AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TI 12 NV 1.3 S' 1.4 CI 2.1 TI 2.2 NV 2.3 S' 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 C 4.1 TI 4.2 NV 4.3 S' 4.4 C 5.1 T 5.2 NV 5.3 S' 5.4 C	TLE  MME  REET ADORESS  TY-ST-ZIP  TLE  MME  TREET ADORESS  ITY-ST-ZIP  TLE  AME  TREET ADORESS  ITY-ST-ZIP  TLE  IAME  TREET ADORESS  ITY-ST-ZIP  TLE  AME  TREET ADORESS  ITY-ST-ZIP  TLE  AME  TREET ADORESS  ITY-ST-ZIP  TLE  TREET ADORESS  ITY-ST-ZIP  TLE  TREET ADORESS  ITY-ST-ZIP  TREET ADORESS  ITY-ST-ZIP	ADDITIONS/CHANGES TO		☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	(00) +17 *(00 L00)
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14. 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 attachine with an address, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90048 038 \*\*\*150.00