## 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 # V04433**

1. Corporation Name

APEX TRANSMISSIONS, INC.

Principal	Place of	Business

Mailing Address

115 MINGO TRAIL #101

SIGNATURE:

115 MINGO TRAIL #101

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90016 044 \*\*\*150.00



ONGWOOD FL	02750		20.10.100	U FL 32/50					DO NOT WRI	TE IN THIS	SPACE	
							-	3. Date Incorpora				
								12/27/1991	<u> </u>			
2. Principal Pla	ace of Business		2a. Mailing	g Address				4. FEI Number				Applied For
1			26					59-309796	4			Not Applicable
Suite, Apt. #	¥, etc.		Suite,	Apt. #, etc.				5. Certificate of S	tatus Desired			5 Additional Required
City & State	<u> </u>		City &	State				6. Election Camp	aign Financing		\$5.0	0 May Be
1			28				1	Trust Fund Co	•			ed to Fees
Zip	Coun	try	Zip		Coun	try		8. This corporation	on owes the curr	ent year Int	tangible	
1	25	•	29		30		-	Personal Prop		,	☐ Yes	( <b>∑</b> K√o
<u> </u>	9. Name and Add	ress of Current		\gent				10. Name and Ac	dress of New I	Registered	Agent	
					- 1	81 Name	<u>e</u>				_	
DLUT	TZ, GERALYN M				L				· 11.4 A -4	-1-1-1		
	MINGO TRAIL #10	:			۱,	82 Stree	et Address	s (P.O. Box Numbe	er is Not Accepta	able)		
	GWOOD FL 32750				<u>.</u>	83						
LOIN	01100D   E 02100											
					ļ.	84 City					85 Z	ip Code
<ol> <li>Pursuant t</li> </ol>	o the provisions of Se	ctions 607.0502	and 607.1508	8, Florida Statut	es, the about the section	ove-name	ed corpora	ation submits this s s board of director:	statement for the	purpose of of the appoi	cnanging intment as	registered
oπice or re agent. I ar	to the provisions of Se egistered agent, or bo n familiar with, and ac	n, in the State of pent the obligation	ons of Section	n 607.0505 <u>, F</u> lo	rida Statul	les.	porations	s board or director.	o. Thereby dobe	p. a.o appo	1	3.000
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GNATURE	Signature, typed or printed na	e of registered agent a	and title if applicab	le. (NOTE	Registered /	gent signature	e required wi	hen reinstating)		DATE		
!.		OFFICERS AND	DIRECTORS	3	13.			ADDITIONS/CI	IANGES TO OF	FICERS AL		
											Chang	ge 🗍 Addition
LE	<u>D</u> /			□ DELETE	1.1 TITL	Æ	5		4 ( 4			,
	_			☐ DELETE	1.1 TITL 1.2 NAA		Di	stz W	alter	0		,
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