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 # V51599 1. Corporation Name

APPLE PRINTING & ADVERTISING SPECIALTIES, INC.

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Principal Place of Business Mailing Address						_	i ibani diinen osion tida) oiin toita join oldit asois bibi	I WINII NA	} Q B Q		
5055 NW 10TH TERR. 5055 NW 10TH TERR											
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309											
US US								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed			
								07/16/1992			
Principal Place of Business Za. Mailing Address								4. FEI Number		lied For	
21 26							\dashv	65-0346503		Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						./5 Ad ee Red	ditional	
			27							<u></u>	
City & State			City & State						5.00 N		
23 28				Country			\dashv	Trust Fund Contribution Added to Fees			
	Zip Country Zip				 1			8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	25 29			30	<u>i0 </u>			Personal Property Tax.			
Name and Address of Current Registered Agent				-	81 Name			10. Name and Address of New Registered Agent			
กดพ	ATO, ALBERT				٠'	IVallie					
5055 NW 10TH TERR				Ì	82	Street Ac	Address (P.O. Box Number is Not Acceptable)			}	
									——⊢		
#105 FT LAUDERDALE FL 33309				83					ĺ		
, FIL	MODERDALE LE 22209			ŀ	84	City		85	Zip C	ode	
								<u> </u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										egistered istered	
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis					Agen	nt signature requ	uired wh				
12.	OFFICERS AND DIRECTORS			13.				ADDITIONS/CHANGES TO OFFICERS AND DIF			
TITLE	PDC DELETE		1,1 TIT	1,1 TITLE			<u> </u> □c	hange	☐ Addition		
NAME	DONATO, ALBERT		1.2 NA	1.2 NAME							
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-\$T-ZIP	P COCONUT CREEK FL 33073				1.4 CITY-ST-ZIP						
TITLE	VD		☐ DELETE	2.1 TIT	2.1 TITLE			□¢	hange	☐ Addition	
NAME	DONATO, SEAN M		2.2 NA	2.2 NAME					}		
STREET ADDRESS	4466 NW 63 DR			2.3 STREET ADDRESS					}		
CITY-ST-ZIP	ZIP COCONUT CREEK FL 33007			. 2.4 C							
TITLE	TSD DELETE		3.1 TIT	3.1 TITLE			- □c	hange	☐ Addition		
NAME	KEVIN, DONATO		3.2 NA	3.2 NAME							
STREET ADDRESS	6846 NW 32 ST			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	MARGATE FL 33063			3.4. CI	3.4. CITY-ST-ZIP						
TITLE	☐ DELETE		4.1 111	4.1 TITLE				hange	☐ Addition		
NAME				4.2 N	ME						
STREET ADDRESS	ESS		4.3 ST	4.3 STREET ADDRESS					1		
CITY-ST-ZIP			4.4 CT	4.4 CITY-ST-ZIP							
TITLE	☐ DELETE			5.1 TITLE				hange	☐ Addition		
NAME				5.2 NA	ME					ļ	
STREET ADDRESS				5.3 ST	REET	TADDRESS					
CITY-ST-ZIP				5.4 CIT	Y-S1	T-ZIP				1	
TITLE			☐ DELETE	6.1 TIT					hange	Addition	
				6.2 NA	ME					1	
TV-MMC.					3.3 STREET ADDRESS			• •		\$	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 or 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 chapter of an appear of the corporation of the receiver of 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 chapter of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90019 004 ***150.00