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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 468574

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TOTAL APPLIANCE & AIR CONDITIONING REPAIRS, INC.

Principal Place of Business Mailing Address 1015 SW 10TH AVENUE 1015 SW 10TH AVENUE HALLANDALE FL 33009-6749 HALLANDALE FL 33009 3. Date Incorporated or Qualified 3a. Date of Last Report 01/27/1975 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1570069 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country $Z_{\rm ID}$ This corporation has liability for intangible tax under s. 199.032, Zφ Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROSEMOND, ST. JULIEN JR % ROSEMOND AND ROSEMOND,P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 3654 BAYVIEW ROAD 83 COCONUT GROVE FL 33133 84 City Zip Code 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 agent. I are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typica or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 VD ☐ Addition Change THE DELETE 1.1 TOTLE PINTAONE, NICK 1.2 NAME NAME: 7561 SHALIMAR ST 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR, FL 00000 1.4 CITY-ST-7IP forty - \$1 - 2# Change Addition DELETE 1016 2.1 TITLE SOUTHARD, ROBERT 22 NAME MAGE 1108 NE 89 ST ADDRESS 2.3 STREET ADORESS SIFO MIAMI SHORES, FL 00000 2.4 CITY - ST-ZIP COTY-ST ZIE DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHTY-ST ZIE DELETE Change Addition 4.1 TITLE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STRUCT ADDRESS CHY-SI-7iP 4.4 CITY - ST - ZIP ... Addition DELETE 51 TITLE TIFLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 DITY-ST-ZIP CITY-ST-Zit DELETE Change Addition 61 TITLE 1:118 NAM 62 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CDV-51-76

14. Lido 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 changed, or on an attachment with an address.

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/90

(954) 454-5alo8

(96/6) (96/6)

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FILED

Apr 29 1997 8:00am

Secretary of State