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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ij

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Zip

CITY-ST-ZIP

468574

Country

9. Name and Address of Current Registered Agent

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ROSEMOND, ST. JULIEN JR % ROSEMOND AND ROSEMOND.P.A.

COCONUT GROVE FL 33133

3654 BAYVIEW ROAD

(9)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

TOTAL APPLIANCE & AIR CONDITIONING REPAIRS, INC.

Principal Place of Business Mailing Address 1015 SW 10TH AVENUE 1015 SW 10TH AVENUE HALLANDALE FL \$3009 HALLANDALE FL 33009

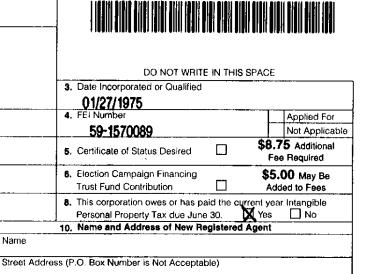
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FILED May 01 1998 8:00am Secretary of State



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 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: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE ☐ Addition PINTAONE, NICK NAME 1.2 NAME 7561 SHALIMAR ST STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR, FL 00000 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change 21 TITLE ☐ Addition SOUTHARD, ROBERT NAME 2.2 NAME 1108 NE 89 ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI SHORES, FL 00000 CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 51 THILE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP □ DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

Country

81 Name

82

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84 City

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14. I 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 suppliemental 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 tweeten 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, so on an attachment with an address.

6.4 CITY - ST- ZIP