

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **499740** (9)
1. Corporation Name
CAPITAL APPLIANCE, INC.



Principal Place of Business: **9933 SEMINOLE BLVD. SEMINOLE FL 34642**
Mailing Address: **9933 SEMINOLE BLVD. SEMINOLE FL 34642**

3. Date Incorporated or Qualified: **03/25/1976**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **59-1646423**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**RUBLE, GERALD
9933 SEMINOLE BLVD.
SEMINOLE FL 33542**

10. Name and Address of New Registered Agent
81. Name: **Cory Hart**
82. Street Address (P.O. Box Number is Not Acceptable):
83. **9933 Seminole Blvd.**
84. City: **Seminole FL** 85. Zip Code: **34642**

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: *Cory Hart* **Cory Hart** 2/20/96
NOTE: Registered Agent signature required when reappointing. DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RUBLE, GERALD	
STREET ADDRESS	10170 SEMINOLE ISLAND DR	
CITY-ST-ZIP	LARGO FL	
TITLE	STB	treasure <input type="checkbox"/> DELETE
NAME	LAMBERT, LANCE	
STREET ADDRESS	9878 PORTSIDE DR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RYTEL, GEORGE	
STREET ADDRESS	12886 LOIS AVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hart, cory	
1.3 STREET ADDRESS	11997 80 AVE N.	
1.4 CITY-ST-ZIP	Seminole, FL. 34642	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hart, Jeanne	
4.3 STREET ADDRESS	11997 80 AVE N.	
4.4 CITY-ST-ZIP	Seminole, FL. 34642	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jeanne Hart* **Jeanne Hart** 2/20/96 813 391-0168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)