FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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DOCUMENT # 731003 (0)

1. Corporation Name

EMORY APPLIANCE REPAIR SERVICE, INC.

Principal Place of Business	Mailing Address
EYSMANN, DAVID D 2530 EMORY DRIVE EAST W PALM BCH FL 33415	EYSMANN, DAVID D 2530 EMORY DRIVE EAST W PALM BCH FL 33415

3. Date Incorporated or Qualified: 10/16/1974
3a. Date of Last Report: 06/26/1995

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

4. FEI Number: 59-1650960 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SCHNITZLER, JOSEPH
2586 EMORY DR., E.
VILLA B
WEST PALM BEACH FLORIDA 33415

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JOSEPH SCHNITZLER Joseph Schnitzler 3/21/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGER, HARRY E. 2586 EMORY DRIVE E. W PALM BCH, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD JACK GREEN 2597 EMORY DR. WEST "D" W. PALM BEACH FL. 33415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TIERNAN, HELEN 26870-A EMORY DR. E. WEST PALM BEACH, FL00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD DOROTHY S. PROSISE 2775 W EMORY DR "H" W. PALM BEACH, FL. 33415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D SCHNITZLER, JOSEPH 2586-B EMORY DR., E. W PLAM BCH, FL 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD JOSEPH SCHNITZLER 2586 B EMORY DR E. W PALM BEACH FL 33415	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EYSMANN, DAVID 2758-A EMORY DR E. W PALM BCH, FL 00000	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD DAVID EYSMANN 2758 A EMORY DR E. W PALM BEACH FL 33415	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEBER, JACOB 2666-F EMORY DR E. W PALM BCH, FL 00000	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D NATHAN KESTIS 2724 EMORY DR. EAST "L" W. PALM BEACH, FL. 33415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BONAVOGLIA, PATSY 2671-D EMORY DRIVE, EAST WEST PALM BCH, FL 00000	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D IDA S. COTTON 2750 EMORY DR. EAST "A" W. PALM BEACH, FL. 33415	☐ Change ☒ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH SCHNITZLER Joseph Schnitzler 3/21/96 (NOT) 964-2127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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