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# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 731003 (0)

1. Corporation Name

EMORY APPLIANCE REPAIR SERVICE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| EYSMANN, DAVID D<br>2530 EMORY DRIVE EAST<br>W PALM BCH FL 33415 | EYSMANN, DAVID D<br>2530 EMORY DRIVE EAST<br>W PALM BCH FL 33415-7901 |

3. Date Incorporated or Qualified: 10/16/1974
3a. Date of Last Report: 04/08/1996

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 FL 33415

**10. Name and Address of New Registered Agent**

81 Name: JACK M. BLUMENREICH
82 Street Address (P.O. Box Number is Not Acceptable): 2766 EMORY DR. E.
83: VILLA A
84 City: WEST PALM BEACH FL 85 Zip Code: 33415

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: JACK M. BLUMENREICH — Jack M Blumenreich — March 13, 1997
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<br>GREEN, JACK<br>2597 EMORY DRIVE 'D'<br>W PALM BCH. FL 33415 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ~~D~~ VD Now Vice President | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>PROSISE, DOROTHY S<br>2775 W. EMORY DR. 'H'<br>WEST PALM BEACH FL 33415 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SCHNITZLER, JOSEPH<br>2586-B EMORY DR., E.<br>W PLAM BCH. FL 33415 | ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | TD<br>JACK M. BLUMENREICH<br>2766-A EMORY DR., E.<br>W. PALM BEACH FL. 33415 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>EYSMANN, DAVID<br>2758-A EMORY DR E.<br>W PALM BCH, FL 00000 33415 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>EYSMANN, DAVID<br>2729 EMORY DR E. 'L'<br>W PALM BCH. FL 33415 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COTTON, IDA S<br>2750 EMORY DRIVE, EAST 'A'<br>WEST PALM BCH. FL 33415 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/96)

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

**SIGNATURE:** Jack M Blumenreich — 3/13/97 — (561)434-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041307