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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731003

1. Corporation Name
EMORY APPLIANCE REPAIR SERVICE, INC.

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

2. Principal Place of Business 21 c/o JACK M. BLUMENREICH Suite, Apt. #, etc. 22 2766 A EMORY DR. EAST City & State 23 W PALM BEACH FL. Zip 24 33415 Country 25	2a. Mailing Address 26 JACK M. BLUMENREICH Suite, Apt. #, etc. 27 2766A EMORY DR. EAST City & State 28 W PALM BEACH FL. Zip 29 33415 Country 30	3. Date Incorporated or Qualifed 10/16/1974 4. FEI Number 59-1650960 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BLUMENREICH, JACK M
2766 EMORY DR E
VILLA A
WEST PALM BEACH FLORIDA FL 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 Jack M Blumenreich — February 11, 1999
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	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PROSISE, DOROTHY S		1.2 NAME	
STREET ADDRESS	2775 W. EMORY DR. 'H'		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLUMENREICH, JACK M		2.2 NAME	
STREET ADDRESS	2766-A EMORY DR, E		2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33415		2. 4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EYSMANN, DAVID		3.2 NAME	
STREET ADDRESS	2758-A EMORY DR E.		3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000 33415		3.4. CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COTTON, IDA S		4. 2 NAME	
STREET ADDRESS	2750 EMORY DRIVE, EAST 'A'		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL 33415		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: Jack M Blumenreich SIGNATURE REQUIRED — February 11, 1999 — (561) 434-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #