

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767706** (5)

1. Corporation Name
GOLDEN APPLIANCE PROTECTION PLAN, INC.

Principal Place of Business Mailing Address
% LEON LEVINSON
433 GOLDEN RIVER DR.
WEST PALM BEACH FL 33411

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/29/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2292014** Applied For Not Applicable
5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEVINSON, LEON
433 GOLDEN RIVER DR.
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500001451985**
-04/10/95--01042--004
84 City *****130.00 ***130.00**
FL

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVINSON, LEON
STREET ADDRESS	433 GOLDEN RIVER DR.
CITY - ST - ZIP	W.PALM BEACH FL
TITLE	VD
NAME	CHAFETZ, DORTHY
STREET ADDRESS	172 LAKE MERYL DR.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	SD
NAME	GOLDSMITH, LAWRENCE
STREET ADDRESS	154 LAKE CONSTANCE DR.
CITY - ST - ZIP	W PALM BCH FL
TITLE	TD
NAME	STERN, ALBERT
STREET ADDRESS	120 GOLDEN LAKES BLVD.
CITY - ST - ZIP	W.PALM BEACH FL
TITLE	D
NAME	KARAS, JACK
STREET ADDRESS	126 LAKE OLIVE DR.
CITY - ST - ZIP	W.PALM BEACH FL
TITLE	D
NAME	FISCHL, BENJAMIN
STREET ADDRESS	108 LAKE CONSTANCE DR
CITY - ST - ZIP	W.PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 110.07(3)(b), 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 affidavit.

SIGNATURE: *Leon Levinson* **LEON LEVINSON** 4/3/95 407-687-7343
RESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Block 6)