

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

DOCUMENT # 767706 (5)
1. Corporation Name
GOLDEN APPLIANCE PROTECTION PLAN, INC.



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

3. Date Incorporated or Qualified: 03/29/1983
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2292014
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) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE: PD NAME: LEVINSON, LEON STREET ADDRESS: 433 GOLDEN RIVER DR. CITY-ST-ZIP: W.PALM BEACH FL | <input type="checkbox"/> DELETE | 11 TITLE: TD 12 NAME: KARAS, JACK 13 STREET ADDRESS: 126 LAKE OLIVE DR. 14 CITY-ST-ZIP: W. PALM BEACH FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD NAME: CHAFETZ, DORTHY STREET ADDRESS: 172 LAKE MERYL DR. CITY-ST-ZIP: W. PALM BEACH FL | <input type="checkbox"/> DELETE | 21 TITLE: ID 22 NAME: APPELSIS 23 STREET ADDRESS: 131 LAKE OLIVE DR. 24 CITY-ST-ZIP: W. PALM BEACH FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: SD NAME: GOLDSMITH, LAWRENCE STREET ADDRESS: 154 LAKE CONSTANCE DR. CITY-ST-ZIP: W PALM BCH FL | <input type="checkbox"/> DELETE | 31 TITLE: _____ 32 NAME: _____ 33 STREET ADDRESS: _____ 34 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD NAME: STERN, ALBERT STREET ADDRESS: 120 GOLDEN LAKES BLVD. CITY-ST-ZIP: W.PALM BEACH FL | <input checked="" type="checkbox"/> DELETE | 41 TITLE: _____ 42 NAME: _____ 43 STREET ADDRESS: _____ 44 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: KARAS, JACK STREET ADDRESS: 126 LAKE OLIVE DR. CITY-ST-ZIP: W.PALM BEACH FL | <input checked="" type="checkbox"/> DELETE | 51 TITLE: _____ 52 NAME: _____ 53 STREET ADDRESS: _____ 54 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: FISCHL, BENJAMIN STREET ADDRESS: 108 LAKE CONSTANCE DR CITY-ST-ZIP: W.PALM BEACH FL | <input type="checkbox"/> DELETE | 61 TITLE: _____ 62 NAME: _____ 63 STREET ADDRESS: _____ 64 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Leon Levinson LEON LEVINSON PRESIDENT 3/29/96 407-689-7343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)