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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

% LEON LEVINSON
433 GOLDEN RIVER DR.
WEST PALM BEACH FL 33411

% LEON LEVINSON
433 GOLDEN RIVER DR.
WEST PALM BEACH FL 33411-2427

3. Date Incorporated or Qualified
03/29/1983

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 910 DOROTHY CHAFETZ

26 910 D. CHAFETZ

4. FEI Number
59-2292014

Applied For
Not Applicable

22 172 LK MERYL DR

27 172 LK MERYL DR

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
W.P. BEACH, FL

28 City & State
W.P. BEACH, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
33411

25 Country
PALM BEACH

29 Zip
33411

30 Country
PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINSON, LEON
433 GOLDEN RIVER DR.
WEST PALM BEACH FL 33411

81 Name
DOROTHY CHAFETZ
82 Street Address (P.O. Box Number is Not Acceptable)
172 LK. MERYL DR.
83 W. PALM BEACH,
84 City
FL 85 Zip Code
33411

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 *Gertrude Altsheler*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINSON, LEON	
STREET ADDRESS	433 GOLDEN RIVER DR.	
CITY-ST-ZIP	W.PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHAFETZ, DORTHY	
STREET ADDRESS	172 LAKE MERYL DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSMITH, LAWRENCE	
STREET ADDRESS	154 LAKE CONSTANCE DR.	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	APPELSIS	
STREET ADDRESS	131 LAKE OLIVE DR	
CITY-ST-ZIP	W.PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KARAS, JACK	
STREET ADDRESS	126 LAKE OLIVE DR.	
CITY-ST-ZIP	W.PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERTRUDE ALTSELER	
1.3 STREET ADDRESS	154 LK MERYL DR - #188	
1.4 CITY-ST-ZIP	W.P. BEACH, FL 33411	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KARAS, JACK	
2.3 STREET ADDRESS	175 LK. OLIVE DR	
2.4 CITY-ST-ZIP	W.P. BEACH, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHAFETZ, DOROTHY	
3.3 STREET ADDRESS	172 LK MERYL DR	
3.4 CITY-ST-ZIP	W.P. BEACH	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARIKOWITZ, SELMA	
4.3 STREET ADDRESS	140-315 LK. NANCY LANE	
4.4 CITY-ST-ZIP	W.P. BEACH, FL	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRINSKY, STAN	
5.3 STREET ADDRESS	114 LK OLIVE DR	
5.4 CITY-ST-ZIP	W.P. BEACH, FL	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RUBINSTEIN, BERT	
6.3 STREET ADDRESS	112 JUDY LANE	
6.4 CITY-ST-ZIP	W.P. BEACH	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Gertrude Altsheler*

4/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041053

CFR2037 (9/96)