


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>C/O DOROTHY CHAFETZ<br/>172 LAKE MERYL DR<br/>WEST PALM BEACH FL 33411<br/>US</b> | Mailing Address<br><b>C/O DOROTHY CHAFETZ<br/>172 LAKE MERYL DR.<br/>WEST PALM BEACH FL 33411<br/>US</b> |
|---|--|

|  |   |   |
|--|---|---|
| 3. Date Incorporated or Qualified<br><b>03/29/1983</b>   |   |   |
| 4. FEI Number<br><b>59-2292014</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b>                           | Additional Fee Required                               |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b>                           | May Be Added to Fees                                  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |   |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |   |

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

9. Name and Address of Current Registered Agent

**CHAFETZ, DOROTHY  
172 LAKE MERYL 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.  |              |
| 84. City   | 85. Zip Code |

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998 |  |
|----------------------------|---------------------------|---|--|
| TITLE                      | PD<br>ALTSHELER, GERTRUDE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | 154 LAKE MERYL DR., #158  | 1.2 NAME  |  |
| STREET ADDRESS             | W.PALM BEACH FL           | 1.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP                |                           | 1.4 CITY-ST-ZIP   |  |
| TITLE                      | VD<br>KARAS, JACK         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 125 LAKE OLIVE DR         | 2.2 NAME  |  |
| STREET ADDRESS             | W. PALM BEACH FL          | 2.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP                |                           | 2.4 CITY-ST-ZIP   |  |
| TITLE                      | TD<br>CHAFETZ, DOROTHY    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 172 LAKE MERYL DR         | 3.2 NAME  |  |
| STREET ADDRESS             | W PALM BCH FL             | 3.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP                |                           | 3.4 CITY-ST-ZIP   |  |
| TITLE                      | D<br>APPELSIS             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 131 LAKE OLIVE DR         | 4.2 NAME  |  |
| STREET ADDRESS             | W.PALM BEACH FL           | 4.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP   |  |
| TITLE                      | D<br>BRINSKY, STAN        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 114 LAKE OLIVE DR         | 5.2 NAME  |  |
| STREET ADDRESS             | W.PALM BEACH FL           | 5.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP   |  |
| TITLE                      | D<br>FISCHL, BENJAMIN     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 108 LAKE CONSTANCE DR     | 6.2 NAME  |  |
| STREET ADDRESS             | W.PALM BEACH FL           | 6.3 STREET ADDRESS                                      |  |
| CITY-ST-ZIP                |                           | 6.4 CITY-ST-ZIP   |  |

SECRETARY  
SELMA MARKOWITZ  
140-315 LAKE NANCY  
W-PALM BEACH, FL 33411

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.

SIGNATURE: \_\_\_\_\_ **3/4/98 561-689-0697**

CFR2037 (10/97)