

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90071 017 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 767706

1. Corporation Name  
**GOLDEN APPLIANCE PROTECTION PLAN, INC.**



\* 5 6 2 5 9 2 \*



Principal Place of Business Mailing Address  
 C/O DOROTHY CHAFETZ C/O DOROTHY CHAFETZ  
 172 LAKE MERYL DR 172 LAKE MERYL DR.  
 WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411  
 US US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/29/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2292014	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHAFETZ, DOROTHY 172 LAKE MERYL DR WEST PALM BEACH FL 33411				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 GERTRUDE ALTSHELER Gertrude Altsheeler 4/15/99  
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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	MARKOWITZ, SELMA A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTSHELER, GERTRUDE		1.2 NAME	140-135 LK. NANCY LANE	
STREET ADDRESS	154 LAKE MERYL DR., #158		1.3 STREET ADDRESS	W.P. BEACH, FL	Director
CITY-ST-ZIP	W.PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	MARCIA MARKS, MARCIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARAS, JACK		2.2 NAME	106 LK TERTY DR	
STREET ADDRESS	125 LAKE OLIVE DR		2.3 STREET ADDRESS	W.P. BEACH, FL	Director
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFETZ, DOROTHY		3.2 NAME		
STREET ADDRESS	172 LAKE MERYL DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPELSIS		4.2 NAME		
STREET ADDRESS	131 LAKE OLIVE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	W.PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSKY, STAN		5.2 NAME		
STREET ADDRESS	114 LAKE OLIVE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	W.PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHL, BENJAMIN		6.2 NAME		
STREET ADDRESS	108 LAKE CONSTANCE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	W.PALM BEACH FL		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED Gertrude Altsheeler 4/15/99 561-689-0692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR27037 (1/198)