

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90006 050 ****61.25

DOCUMENT # 767706

1. Entity Name

GOLDEN APPLIANCE PROTECTION PLAN, INC.

Principal Place of Business C/O DOROTHY CHAFETZ 172 LAKE MERYL DR WEST PALM BEACH FL 33411 US	Mailing Address C/O DOROTHY CHAFETZ 172 LAKE MERYL DR. WEST PALM BEACH FL 33411-3351 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2292014	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

CHAFETZ, DOROTHY
172 LAKE MERYL DR
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALTSHELER, GERTRUDE	
STREET ADDRESS	154 LAKE MERYL DR., #158	
CITY-ST-ZIP	W.PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KARAS, JACK	
STREET ADDRESS	125 LAKE OLIVE DR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAFETZ, DOROTHY	
STREET ADDRESS	172 LAKE MERYL 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	D	<input checked="" type="checkbox"/> Delete
NAME	BRINSKY, STAN	
STREET ADDRESS	114 LAKE OLIVE DR	
CITY-ST-ZIP	W.PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARK, MARCIA	
STREET ADDRESS	106 LK TERTY DR	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D SELMA MARKOWITZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CHARLES CHAFETZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BERT RUBINSTEIN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/14/2000 Daytime Phone #: 561-689-067

C-1 (01/7/99)