FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE CORPORATION Jan 27 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # K72167 (5)CY'S APPLIANCE SERVICE INC. Principal Place of Business Mailing Address 1117 A SOUTH 21ST AVE 1117 A SOUTH 21ST AVE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0116557 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zin 8. This corporation owes or has paid the current year Intangible 30 ☐ Yes □No 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NEVADOMSKI, GLENN 1117 A SOUTH 21ST AVE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE NEVADOMSKI, GLENN NAME 1.2 NAME 2350 SW 67TH WAY STREET ADORESS 1.3 STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE TITLE NEVADOMSKI, GLENN 2.2 NAME NAME STREET ADORESS 2350 SW 67TH WAY 2.3 STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST - ZIP ■ DELETE Change TITLE 5.1 TITLE

Addition

Addition

Addition

Addition

Addition

Срадое

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 of the receiver or tracted execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

-20-98