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95 MAY -1 PM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18209 (9)

1. Corporation Name

PALM CHASE RESIDENT APPLIANCE SERVICE CORP.

Principal Place of Business	Mailing Address
10755 PALM LAKE AVENUE BOYNTON BEACH FL 33437	10755 PALM LAKE AVENUE BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1986	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2745984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 Country	28 Zip Country
24	25 29 30

9. Name and Address of Current Registered Agent

**SILVERMAN, LEONARD
10755 PALM LAKE AVENUE
BOYNTON BCH. FL 33437**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, LEONARD	1.2 NAME	
STREET ADDRESS	10755 PALM LAKE AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGER, HARRY	2.2 NAME	
STREET ADDRESS	10755 PALM LAKE AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, KITTY	3.2 NAME	
STREET ADDRESS	10755 PALM LAKE AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHOFF, IRVING	4.2 NAME	
STREET ADDRESS	10755 PALM LAKE AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Kitty Herman* **KITTY HERMAN** 4/18/95 737-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #