

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18209 (9)**  
1. Corporation Name  
**PALM CHASE RESIDENT APPLIANCE SERVICE CORP.**



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

3. Date Incorporated or Qualified: 12/10/1986  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2745984  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when retiring.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, LEONARD	
STREET ADDRESS	10755 PALM LAKE AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOGER, HARRY	
STREET ADDRESS	10755 PALM LAKE AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERMAN, KITTY	
STREET ADDRESS	10755 PALM LAKE AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURKHOFF, IRVING	
STREET ADDRESS	10755 PALM LAKE AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *Betty Herman* Date: 4/5/96 Daytime Phone #: 407-737-7410

CR2E037 (12/95)