FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
' CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

L (BANKBA) (18 30)() BYB)(BANK BANK BANK ARKA ARKA LONG BUB) 1100 (18)(DIRI 1801)

1996

DOCUMENT # P9400094134 (1)

DELAND APPLIANCE SERVICE INC.

Principal Place of Business Mailing Address									
1622 PINE			1622 PINE AVE.						
DELAND F	L 32724		DEL	LAND FL 32724				Date Incorporated or Qualified 3a. Date of Last Report 01/01/1995	
2. Principal F	Place of Busine	ss	2a. Ma	ailing Address				4, FEI Number Applied For	
n			26	26				59 – 3285759 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State			27 Cit	City & State				6. Election Campaign Financing \$5.00 May Be	
City & State			<u></u> ⊢ ₁	28				Trust Fund Contribution Added to Fees	
Zip		Country	Zij	p	Col	untry		8. This corporation has liability for intangible tax under s 199.032,	
24		25	29		30			Florida Statutes Yes 🙀 No	
	9. Name	and Address of Curi	ent Register	ed Agent		81	Name	10. Name and Address of New Registered Agent	
NAHO	IUN, KATHLE	FN M				82		eet Address (P.O. Box Number is Not Acceptable)	
	PINE AVE.					Sireet	set Address 1 to 1 box tempor by the transport		
DELAND FL 32724						83			
						84	City	85 Zip Code	
						<u>l</u>		FL 3 25 d corporation submits this statement for the purpose of changing its registered officers.	
or regist	tered agent, or l	both, in the State of Fi the obligations of, S	orida. Such ch	nange was a uthori	ized by the	corp	oration's	on's board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE			1 1		101 P	22.11		thre required when reinstating). DATE	
40	Signature, typed o	or printed name of registered a	and the flamin		13.	_	i signature	ture required when reinstaining? DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	P.V.S	Joseph Nah		DELETE		TITLE		Change Addition	
NAME	',','	1622 Pine			1.21	MAME			
STREET ADDRESS	s	Deland Fl			1.33	STREFT	ADDRESS	r.ss	
CITY-ST-ZIP		20,41.2	*		1.4 (OITY-S	T-ZIP		
TITLE	T, Ka	thleen Naho	un	☐ DELETE	2 1	TITLE		Change Change Addition	
NAME	16	322 Pine Ave	!		2.2	NAME			
STREET ADDRESS	s De	eland,F1 327	24		2.3	STREET	ADDRESS	ESS	
CITY-ST-ZIP				E DELETE		CITY-S	I - ZIP	Change Addition	
TITLE				DELETE		TITLE		Grange Addition	
NAME	_					NAME		ree.	
STREET ADDRES	S						TADDRESS	4422	
CITY-ST-ZIP				DELETE		CITY-S TITLE	11 - 211	Change Addition	
NAME						NAME		_	
STREET ADDRES	22						ADDRESS	ESS	
CITY-ST-ZIP	~				1	CITY - S			
TITLE				DELETE		TITLE		Change Addition	
NAME					52	NAMÉ			
STREET ADDRES	is :				5.3	STREET	ADDRESS	ESS	
CITY-ST-ZIP			***************************************			CHY-S	31 - Z IP		
TITLE				DELFTE		TITLE		Change Addition	
NAME						NAME		[
STREET ADDRES	SS				•		ADORESS		
CITY-ST-ZIP	-6 -2 2 2 2	the information of	ad with this Fr	ion fo voluntarili f	6.4	<u> (1117-9</u>	ST-ZIP	t qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	
certify t	that the informa nat I am an offic		annual report d progration or th	or supplemental ar he receiver or trus	nnual repor stee empow		ue and a to exec	id accurate and that my signature shall have the same legal effect as if made under recute this report as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE: MALLEEN NAHOUN 904-73-3500

DOSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOS DOS DIRECTOR DIRECTOR NAME OF SIGNING OFFICER OR DIRECTOR NAM