

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jun 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000052428 (5)
1. Corporation Name
E & B APPLIANCE SERVICE, INC.



Principal Place of Business 7015 ANDALUSIA AVE JACKSONVILLE FL 32217	Mailing Address 7015 ANDALUSIA AVE JACKSONVILLE FL 32217-2715
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3. Date Incorporated or Qualified 06/19/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1500 MATLAND AVE Suite, Apt. #, etc.	2a. Mailing Address 26 1500 MATLAND AVE. Suite, Apt. #, etc.
22 City & State 23 JACKSONVILLE FL	27 City & State 28 JACKSONVILLE FL
24 Zip 32211 Country DUVAL	29 Zip 32224 Country DUVAL

4. FEI Number 59-3389182	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BEHNAM, CYNTHIA J
7015 ANDALUSIA AVE
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	EGYED, EDWARD J
STREET ADDRESS	1288 VERMEER DR
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	D <input type="checkbox"/> DELETE
NAME	EGYED, JEAN A
STREET ADDRESS	1288 VERMEER DR
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	D <input type="checkbox"/> DELETE
NAME	BEHNAM, CYNTHIA
STREET ADDRESS	7015 ANDALUSIA AVE
CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	D <input type="checkbox"/> DELETE
NAME	BEHNAM, KAMAL J
STREET ADDRESS	7015 ANDALUSIA AVE
CITY-ST-ZIP	JACKSONVILLE FL 32217
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 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SICILIA J. BULL** _____

CR2E034 (9/96)