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

Mailing Address

7015 ANDALUSIA AVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

7015 ANDALUSIA AVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # **P96000052428 (5)**

E & B APPLIANCE SERVICE, INC.

Jun 17 1997 8:00am Secretary of State

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JACKBONVILLE FL 32217		JACKSONVILLE FL 32217-2715			
				3. Date Incorporated or Qualified 06/19/1996	3a. Date of Last Report
2. Principal P 21 /500	Marciness Marcines NE	28. Mailing Address 26 /500 ///8,70	and Arc	4. FEI Number 59-338 4182	Applied For
Suite, Apt.		Suite, Apt. #, etc.	mes me.	31-3301100	6075.
22 27				5. Certificate of Status Desired	Fee Required
City & State 23 JACKSONVIUE FC 28 JEKSONIL			,- E	6. Election Campaign Financing	\$5.00 May 8e
		28 JACKS5NUIL	cr /c	Trust Fund Contribution	Added to Fees
24 322 I	DUVAZ-	32224	Country 30 DUVAZ	8. This corporation has liability for I	nlangible tax under s. 199.032,] Yes :
:XJ	9. Name and Address of Currer	nt Registered Agent	30]	10. Name and Address of New Reg	<u> </u>
	HNAM, CYNTHIA J		81 Name		
7015 ANDALUSIA AVE JACKSONVILLE FL 32217			82 Street Add	dress (P.O. Box Number is Not Acceptab	[a]
			83		
_			84 City		85 Zip Code
44 Disavont	10 160 007 010	00 - 1007 (CO) F(1 O)			-L ·
office or r	egistered agent, or both, in the State	e of Florida, Such change was a	es, the above-named cor authorized by the corpora	rporation submits this statement for the p alion's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered
g agenti ra	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statutes.		.,
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTL	Rugistered Agent signature reg.	aired when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TO LE		Change Addition
NAME	EGYED, EDWARD J		1.2 NAME	_	
STREET ADDRESS	1268 VERMEER DR NOKOMIS FL 34275		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D TOROMIO FL 34275	□ DELETE	1.4 C(TY - S1 - Z(P)		
NAME	EGYED, JEAN A	™ herei€	2.1 THILE 2.2 NAME		Change Addition
STREET ADDRESS	1268 VERMEER DR		2.2 NAIVE 2.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 84275		2 4 CHY-S1-7IP		
TITLE	Ŭ.	☐ DELETE	3.1 TITLE	·····	Change Addition
name	BEHNAM, CYNTHIA		3.2 NAME		
STREET ADORESS	7015 ANDALUSIA AVE		3.3 STREET ADDRESS		
CITY-ST•ZIP	JACKSONVILLE FL 32217		3 4. CITY-S1-ZIP		
TITLE	D Behnam, Kamal J	☐ DELETE	4.1 THLE		Change Addition
NAME ATRICT LIBERGE	7015 ANDALUSIA AVE		4. 2 NAME		
STREET ADDRESS	JACKSONVILLE FL 32217		4.3 STREET ADDRESS		
CITY-ST-ZIP	enterior entrible (b VEL ()	DELETE	4.4 CITY-S1-ZIP 5.1 Title		Change Addition
NAME			5.2 NAME		C outube C Vacuitati
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	111	DELETE	6 1 TILLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		•	63 STREET ADDRESS		
			B		

14. If 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 eath; 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.