

FILED
May 01, 2000 8:00 am
Secretary of State

01-24-2000 90037 008 ***150.00

DOCUMENT # K80554

1. Entity Name

A ABA APPLIANCE, INC.

Principal Place of Business

3500 ALOMA AVE
35D
WINTER PARK FL 32792

Mailing Address

3500 ALOMA AVE
35D
WINTER PARK FL 32792-4099

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2961479

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, BRUCE
ABA APPLICANCE INC
3500 ALOMA AVE, UNIT 35D
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name **DERRICK DOWNER**
Street Address (P.O. Box Number is Not Acceptable)
715 BLAIR DR
City **Orlando** FL Zip Code **32818**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **DERRICK DOWNER PTSD** DATE **1-16-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTSD	<input checked="" type="checkbox"/> Delete
NAME	KATZ, BRUCE	
STREET ADDRESS	3500 ALOMA AVE. #35D	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KATZ, VANESSA	
STREET ADDRESS	3500 ALOMA AVE. #35D	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	DERRICK DOWNER	
STREET ADDRESS	715 BLAIR DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICK DOWNER	
STREET ADDRESS	715 BLAIR DR	
CITY-ST-ZIP	ORLANDO FL. 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DERRICK DOWNER PTSD** DATE **1-16-00** DAYTIME PHONE # **407-629-1212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)