

**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 <b>3500 ALOMA AVE # 35D WINTER PARK FL 32792</b>	Mailing Address <b>3500 ALOMA AVE # 35D WINTER PARK FL 32792-4099</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2961479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KATZ, BRUCE ABA APPLICANCE INC 3500 ALOMA AVE, UNIT 35D WINTER PARK FL 32792</b>	7. Name and Address of New Registered Agent Name <b>DERRICK DOWNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>7115 BLAIR DR</b> City <b>Orlando</b> FL Zip Code <b>32818</b>
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	<input checked="" type="checkbox"/> Delete	TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, BRUCE		NAME	DERRICK DOWNER	
STREET ADDRESS	3500 ALOMA AVE. #35D		STREET ADDRESS	7115 BLAIR DR	
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP	Orlando FL. 32818	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, VANESSA		NAME		
STREET ADDRESS	3500 ALOMA AVE. #35D		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP		
TITLE	PTSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICK DOWNER		NAME		
STREET ADDRESS	7115 BLAIR DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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** 407-629-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR