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

Mailing Address

JETSON APPLIANCE CENTER

4145 S. FEDERAL HWY. FT. PIERCE FL 34982-6901

2a. Mailing Address

Suite, Apt. #, etc.

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 259036

Principal Place of Business

JETSON APPLIANCE CENTER

2. Principal Place of Business

4145 S. FEDERAL HWY.

FT. PIERCE FL 34982-6901

Suite, Apt. #, etc.

JETSON T.V. & APPLIANCE CENTERS, INC.

| 2                        | -   | 27                          |  |                            |             |  |           |                   | •                                |              | Fee Re          | equired                                |  |
|--------------------------|---|-----------------------------|--|----------------------------|-------------|--|-----------|-------------------|----------------------------------|--------------|-----------------|--|--|
| City & Stat              | & State City & State  |                             |  |                            |             |  | 6. E      | lection Campa     | ign Financing                    |              | \$5.00          | May Be                                 |  |
| 3                        | 28  |                             |  |                            |             |  |           | rust Fund Con     | tribution                        |              | Added           | to Fees                                |  |
| _ Žip                    | Country Zip   |                             |  | Count                      | Country     |  |           | his corporation   | owes the cui                     | rent year li | ntangible       | _                                      |  |
| 4                        | 25  | 29                          |  | 30                         |             |  |           | ersonal Prope     | ·                                |              | ☐ Yes           | □No                                    |  |
|                          | 9. Name and Address of Curre  | ent Regist                  | ered Agent   |                            | . 1         |  | 10. N     | lame and Ado      | ress of New                      | Registered   | d Agent         |  |  |
| 156-6                    |   | J.                          |  | 8                          | 11          | Name   |           |                   |                                  |              |                 |  |  |
| JETSON, JOHN T.          |   |                             |  | 8                          | 2           | Street Address (P.O. Box Number is Not Acceptable) |           |                   |                                  |              |                 |  |  |
| 4145 S. FEDERAL HIGHWAY  |   |                             |  |                            | _           |  | •         |                   |                                  |              | ، ويقويم ويونو  |  |  |
| FI. I                    | PIERCE FL 34982   |                             |  | 8                          | 13          |  |           |                   |                                  | 143 6 141    | 批問註             |  |  |
|                          | •   |                             |  | 8                          | 4           | Citv   | •         |                   | 20 3 E-158136<br>20 3 00 5 5 440 | <u> </u>     | 85 Zip          | Code                                   |  |
| SELECTION OF THE SECOND  | purpose of the decision of  |                             |  |                            |             |  |           |                   |                                  | FI           |                 |  |  |
| 11. Pursuant             | to the provisions of Sections 607.05  | 502 and 60                  | 7.1508, Florida Statut   | es, the abo                | ve-         | named corp   | oration s | submits this sta  | tement for the                   | purpose o    | of changing its | registered                             |  |
| oπice or r<br>agent. I a | egistered agent, or both, in the Stat<br>in familiar with, and accept the oblig | e of Florida<br>pations of, | a. Such change was a<br>Section 607.0505, Flo  | utnonzeo o<br>rida Statute | թյաց<br>95. | ne corporatio                                      | on s ooar | a or alrectors.   | ,i nereby acce                   | prine appi   | omment as re    | gistered                               |  |
| SIGNATURE                | <i>,</i>  |                             | •  |                            |             |  |           |                   |                                  |              |                 |  |  |
|                          | Signature, typed or printed name of registered as                               |                             |  |                            | jent s      | signature required                                 |           |                   |                                  | DATE         | •               |  |  |
| 12.                      | OFFICERS A  | ND DIREC                    |  | 13.                        |             |  | AD        | DITIONS/CHA       | NGES TO O                        | FFICERS A    |                 |  |  |
| TITLE                    | PD  |                             | ☐ DELETE   | 1.1 TITLE                  | •           | į  | 13        | a (1793) i        |                                  |              | Change          | Addition                               |  |
| VAME                     | JETSON, JOHN T.   |                             | •  | 1.2 NAME                   | E           |  |           |                   |                                  |              |                 |  |  |
| STREET ADDRESS           | 200 RIVERWAY DRIVE  |                             |  | 1.3 STRE                   | ETA         | NDDRESS  |           |                   | •                                |              |                 |  |  |
| CITY-ST-ZIP              | VERO BEACH FL   |                             |  | 1,4 CITY-                  | ST-         | ZIP  |           |                   |                                  |              |                 |  |  |
| TITLE                    | S   |                             | ☐ DELETE   | 2.1 TITLE                  | 1           |  |           |                   |                                  |              | ☐ Change        | ☐ Addition                             |  |
| NAME                     | CASE, MARY  |                             |  | 2.2 NAME                   | E           |  | •         |                   |                                  |              |                 |  |  |
| STREET ADDRESS           | 1038 TORTUGAS AVE.  |                             |  | 2.3 STRE                   | ET A        | ADDRESS  |           |                   |                                  |              |                 |  |  |
| CITY-ST-ZIP              | FT PIERCE, FL 00000   |                             |  | 2. 4 CITY                  | '- \$T-     | - ZIP  |           |                   |                                  |              |                 |  |  |
| mre                      | Jan Barren  | e                           | DELETE   | 3.1 TITLE                  | •           |  |           |                   |                                  | •            | Change          | ☐ Addition                             |  |
| NAME                     | FLYNN, BETTY A.   | \$650 to                    | e.   | 3.2 NAME                   | E           |  |           |                   |                                  |              |                 |  |  |
| STREET ADDRESS           | 334 ASHLEY ST.  |                             |  | 3.3 STRE                   | ET A        | NODRE\$\$  | •         | 14 d. sat         |                                  | 9            | 17 509 65       | on time                                |  |
| CITY-ST-ZIP              | FT. PIERCE FL   |                             |  | 3.4. CITY                  | -ST-        | ZIP  |           | 1 1 n 1           | ·明·                              |              |                 | 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| TITLE                    | V   |                             | ☐ DELETE   | 4.1 TITLE                  | Ē           |  | •         |                   | * 1 A                            | e. liei      | ☐ Change        | Addition                               |  |
| NAME<br>Jersjog japati   | , NOWACK, DENNIS  |                             | and the second second  | 4, 2 NAM                   | E           |  |           |                   |                                  |              |                 |  |  |
| STREET ADDRESS           | 4145 S US HWY 1   | 87 S                        | and the second s | 4.3 STRE                   | ETA         | DORESS   |           |                   |                                  |              | •               |  |  |
| CITY-ST-ZIP              | 3FT PIERCE FL   |                             | <b>V</b>   | 4.4 CITY-                  | ST-Z        | ZIP  |           |                   |                                  |              |                 |  |  |
| TTLE :                   |   |                             | ☐ DELETE   | 5.1 TITLE                  | :           |  |           |                   |                                  |              | Change          | Addition                               |  |
| NAME                     |   |                             |  | 5.2 NAME                   | Ε           |  |           | in the same       |                                  |              |                 |  |  |
| STREET ADDRESS           |   |                             | gramme to the  | 5.3 STRE                   | ΕŢΑ         | DDRESS   |           | and a             |                                  |              | •               |  |  |
| CITY-ST-ZIP              | PO .  | ÷                           |  | 5.4 CITY-                  | ST-         | ZIP  |           | 1. 1. 1. 1. 1. 1. |                                  |              |                 | * ,                                    |  |
| ITILE                    | gradus, activities  |                             | ☐ DELETE   | 6.1 TITLE                  |             |  |           |                   |                                  |              | ☐ Change        | ☐ Addition                             |  |
| NAME                     | 200 PETERAL C. 17   |                             |  | 6.2 NAME                   | Ē           |  |           | •                 | <b>.</b> .                       | •            |                 |  |  |
| STREET ADDRESS           | ARBO NOVOM D  |                             |  | 6.3 STRE                   | ET A        | ODRESS   |           | •                 |                                  |              |                 |  |  |
| CITY-ST-ZIP              |   |                             |  | 6.4 CITY-                  | ST-Z        | ZIP ·  |           |                   |                                  |              |                 |  |  |
|                          | ertify that the information supplied v  | uith thic fili              | na doce not qualify for  | the evene                  | ation       | n stated in S                                      | Postion 1 | 10.07/21/i) EL    | rida Statutas                    | I further or | wife that the   | nformation                             |  |

**FILED** Feb 02, 1999 8:00am **Secretary of State** 

02-02-1999 90021 012 \*\*\*150.00

| DO NOT WRITE IN T  | HIS SPACE                             |                                |        |  |  |  |
|--|---------------------------------------|--------------------------------|--------|--|--|--|
| 3. Date Incorporated or Qualifed   |                                       |                                |        |  |  |  |
| <u>- 05/15/1962</u>  |                                       |                                |        |  |  |  |
| 4. FEI Number  | <u> </u>                              | plied For                      | 1      |  |  |  |
| 59-1508381   |                                       | t Applicable                   | L      |  |  |  |
| 5. Certificate of Status Desired   | \$8.75 A<br>Fee Re                    |                                |        |  |  |  |
| 6. Election Campaign Financing Trust Fund Contribution   |                                       | \$5.00 May Be<br>Added to Fees |        |  |  |  |
| 8. This corporation owes the current year  |                                       | _                              |        |  |  |  |
| Personal Property Tax.   | ☐ Yes                                 | □No                            | ı      |  |  |  |
| <ol><li>Name and Address of New Register</li></ol>   | red Agent                             |                                |        |  |  |  |
|  |                                       |                                |        |  |  |  |
| (P.O. Box Number is Not Acceptable)  |                                       |                                | ĺ      |  |  |  |
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| * 1 * *** *** *** ** * * * * * * * * *   | 85 Zip C                              | ode                            | 1      |  |  |  |
|  | FL   "   - "                          |                                |        |  |  |  |
| tion submits this statement for the purpose board of directors. I hereby accept the ap   | opointment as reg                     | gistered                       |        |  |  |  |
| ADDITIONS/CHANGES TO OFFICERS  | S AND DIRECTO                         | RS IN 12                       | ١,     |  |  |  |
| 6. 178301  | Change                                | ☐ Addition                     |        |  |  |  |
| , , , , , , ,  |                                       |                                | Ι.     |  |  |  |
| •  |                                       |                                | l      |  |  |  |
|  |                                       |                                | i<br>I |  |  |  |
|  | ☐ Change                              | ☐ Addition                     | l      |  |  |  |
| •  | ÷                                     | ,                              |        |  |  |  |
|  |                                       |                                |        |  |  |  |
|  |                                       |                                |        |  |  |  |
|  | Change                                | ☐ Addition                     |        |  |  |  |
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| CAR SECULATION OF THE  | in the Bustania                       | Ar tigg, reg                   |        |  |  |  |
| and the state of t | 2000年發動。                              | 2. 18.18                       |        |  |  |  |
| · Color of the color of the color  | Change                                | Addition                       |        |  |  |  |
|  |                                       |                                |        |  |  |  |
|  |                                       | •                              | l      |  |  |  |
|  |                                       |                                |        |  |  |  |
|  | Change                                | Addition                       | i      |  |  |  |
| المراق والمعارض والمع | _                                     |                                |        |  |  |  |
| e germent de la Transport  |                                       |                                | i      |  |  |  |
| A CASS   |                                       |                                | :      |  |  |  |
|  | Change                                | ☐ Addition                     | : -    |  |  |  |
|  |                                       |                                |        |  |  |  |

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, with all other like empowered.