

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 13 1996 8:00 am
Secretary of State

DOCUMENT # 265867 (2)

1. Corporation Name

MARCONE APPLIANCE PARTS CENTER, INC.

Principal Place of Business

Mailing Address

**4410 ADAMO DR.
SUITE 102
TAMPA FL 33605**

**2300 CLARK AVE
ST LOUIS MO 63103
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1963		3a. Date of Last Report 05/31/1995	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1001565		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Register Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	
NAME	SOUERS, JIM	12 NAME	
STREET ADDRESS	2300 CLARK AVE	13 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	
NAME	MARKOW, MITCHELL	22 NAME	
STREET ADDRESS	2300 CLARK AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	24 CITY - ST - ZIP	
TITLE	ST	31 TITLE	
NAME	KLEARMAN, MALCOLM	32 NAME	
STREET ADDRESS	2300 CLARK AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	34 CITY - ST - ZIP	
TITLE	V	41 TITLE	
NAME	BYNUM, LINDA	42 NAME	
STREET ADDRESS	2300 CLARK AVE	43 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	44 CITY - ST - ZIP	
TITLE	V	51 TITLE	
NAME	TROUT, TERRY	52 NAME	
STREET ADDRESS	4410 ADAMO DR	53 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 3:423/7225

DATE

Daytime Phone #

CR2E034 (3/96)