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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite Apt. #, etc.

SIGNATURE:

11600 PHILLIPS RD

21

GROVELAND FL 34736



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 308958

(8)

Mailing Address

11600 PHILLIPS RD

2a. Mailing Address

Suite, Apt. #, etc.

26

GROVELAND FL 34736-9115

WEST ORANGE APPLIANCES INC

22		[27]							Fee He	equirea
City & Sta	ate	City & Sta	City & State				Election Campaign Finance Trust Fund Contribution	cing 🔲	\$5.00 Added t	
Zip	Country Zip			Country			8. This corporation has liabil	ity for intanglb	le tax under s	199.032,
24	25	29	30	L		1	Florida Statutes	☐ Yes		
	9. Name and Address of Cur	rent Registered Ager	nt	81		1	0. Name and Address of N	ew Registere	d Agent	
FUNK, L. W.					Name					
720 19TH STREET ORLANDO FL 32805				82	82 Street Address (P.O. Box Number is Not Acceptable)					
O/U	D4100 1 C 02000			63			· h. ·		····	
					A 1.					
				84	City			F	L 65 Zip (Code
office or	to the provisions of Sections 607.6 registered agent, or both, in the St am familiar with, and accept the ot	ate of Horida. Such ch	hange was auth	orized by	the corp	corpora coration's	tion submits this statement fo s board of directors. I hereby	or the purpose accept the ap	of changing it opointment as	s registered registered
SIGNATURE.	Signature, typod or printed name of registered	l agent and little if applicable	(NOTE: Re	gistered Ager	nt signature i	required wi	hen reinstating)	DATE	······································	***************************************
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PD		DELETE	1.1 TITLE	·				☐ Change	Addition
NAME	FUNK, L. W.			1.2 NAME	ļ					
STREET ADDRESS				1.3 STREET	address					
CITY-ST-21F	GROVELAND FL			1.4 C#Y-ST	-ZIP					
TITLE	ST		DELETE	2.1 TITLE	-				Change	Addition
NAME	FUNK, ESTHER O.			2.2 NAME	- [
STREET ADDRESS				2.3 STREET A	address					
CITY-ST-ZIP	GROVELAND FL			2. 4 CiTY - S	T-21P					
TITLE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	address					
CITY-ST-ZIP				3.4. CITY-5	T-ZIP					
TITLE		Ш	DELETE	4.1 TITLE					Change	☐ Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	address					
CITY-S1-ZIP				4.4 City-St	- Z IP					
TITLE			DELETE	5.1 TITLE				,	☐ Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET /	ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST	- ZIP					
TITLE			DETELE	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS	•				
CITY-ST-ZIP				6.4 CITY-ST						
informati Lam an d	eby certify that the information suppion indicated on this annual report of officer or director of the corporation in Block 12 or Block 13 if changed	or supplemental annua n or the receiver or trus	al report is true : stee empowere:	and accur d to execu	rate and	that my	signature shall have the same	ne legal effect	as it made und	der oath: that l

FILED Feb 14 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

07/12/1996



3. Date Incorporated or Qualified

5. Certificate of Status Desired

Date

Daytime Phone #

09/09/1966

59-1152035

4. FEI Number