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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 442054

(3)

FATHER & SON APPLIANCE COMPANY

FILED							
May 05	1998	8:00am					
Secreta	ary of	State					



					[	8   1   1   1   1   1   1   1   1   1
Principal Place of Business Mailing Address			* : ***** ***** ***** ***** ***** ***** ****	4161- 91811 A1811 A1411 £1811 (68)		
618 21ST ST 618 21ST ST VERO BEACH FL 32960 US US		1				
		VERO BEACH FL 32960 US			DO NOT WRITE IN TH	IIS SPACE
00		US			3. Date Incorporated or Qualified	
					12/19/1973	
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			59-1496870	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of citatus Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		26	<u> </u>		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	<b>8.</b> This corporation owes or has paid the	
24	25 9. Name and Address of Curren	29 Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
V/	<del></del>	t riogistorou rigoni		31 Name	10, Hamie and Address of Herr Hegister	ou rigoni
	DFKE, EDWARD R. JR 15 <b>5 52ND</b> AVE					
	RO BEACH FL 3967		ŀ	Street Add	fress (P.O. Box Number is Not Acceptable)	
. VC	ING BEAUTI PL 390/		la la	33		<del></del>
			_			
ı			1	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508. Florida Statuti	os, the abo	ove-named cor		
office or r	egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was a	authorized	by the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
	an parimer their enter accept the conge	anons of, occitor 607.0000, 1 ic	Alou Statu	103.		1
SIGNATURE	Signature, typed or printed name of registered ager	nt and tole if applicable (NOTI	E flagistered	Agent signature requ	uired when reinstating) DAT	························
12.	OFFICERS AND	<del> </del>	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 THL	E		☐ Change ☐ Addition €
NAME	KOFKE, EDWARD R JR		1.2 NAM	IE		
STREET ADDRESS	6555 52ND AVE		1.3 STR	EET ADDRESS		] <u>[</u>
CITY-ST-ZIP	VERO BCH FL		1.4 CITY	'- \$1- ZIP		8
TITLE	ST	☐ DELETE	2.1 TITL	E		Change Addition C
NAME	KOFKE, DANIEL C.		2.2 NAM	16		
STREET ADDRESS	940 5TH PLACE C.		2.3 STR	EET ADDRESS		j
CITY-ST-ZIP	VERO BEACH, FL 00000		2. 4 CIT	Y-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITL	E		Change Addition
NAME	KOFKE, EDWARD R		3.2 NAM	IE		j
STREET ADDRESS	5845 34TH ST		3.3 STRI	EET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL			Y - ST - ZIP		
TATLE		☐ DELETE	4.1 TITL	ŧ ļ		Change Addition
NAME			4. 2 NAN	AE		
STREET ADDRESS			4.3 STRI	EET ADORESS		
CITY-ST-ZIP				- ST- ZIP		
TITLE		☐ DELETE	5.1 TITL	E		Change Addition
NAME			5.2 NAW	IE		
STREET ADDRESS			5.3 STRI	ET ADDRESS		j
CITY-ST-ZIP			5.4 CITY	- ST - ZIP		
TITLE		DELETE	6.1 TITL	E		Change Addition
name			6.2 NAM	E [		
STREET ADDRESS			6.3 STRE	ET ADDRESS		1
CITY-ST-ZIP	<u>.</u>			-ST - ZIP		
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for	or the exen	notion stated in	Section 119.07(3)(i), Florida Statutes, I further	certify that the information

SIGNATURE:

1