

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 9: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 447909 (3)

1. Corporation Name
A-1 APPLIANCE SERVICE, INC.

Principal Place of Business Mailing Address
2512 DAVE BOULEVARD 2512 DAVE BOULEVARD
FT. LAUDERDALE FL 33312-3028 FT. LAUDERDALE FL 33312-3028

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/02/1974	3a. Date of Last Report 01/25/1994
4. FEI Number 59-1525248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent
**SHAFFNER, JERROLD E.
2601 DAVE BOULEVARD
FT. LAUDERDALE FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reconstituting DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDSON, GLEN A.
STREET ADDRESS	4942 SW 19 ST
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	HUDSON, GAIL
STREET ADDRESS	4942 SW 19 ST
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUDSON, GLEN A.	
1.3 STREET ADDRESS	4942 SW 19 ST	
1.4 CITY - ST - ZIP	FT. LAUDERDALE FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HUDSON JR, GLEN A.	
3.3 STREET ADDRESS	150 SW 127TH AVE	
3.4 CITY - ST - ZIP	PLANTATION, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GLEN A. HUDSON JR **GLEN A. HUDSON JR - PRESIDENT** 4/27/95 305-5876360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Phone #)