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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 447909

(3)

A-1 APPLIANCE SERVICE, INC.

Principal Place of Business Mailing Address 2512 DAVIE BOULEVARD 2512 DAVIE BOULEVARD FT. LAUDERDALE FL 33312-3028 FT. LAUDERDALE FL 33312-3026 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1974 05/01/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1525248 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution П Added to Fees 28 23 Žφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHAFFNER, JERROLD E. 2601 DAVIE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 83 84 City Zip Code 85 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 to profed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. Change Addition VPD DELETE 1.1 TITLE TITLE HUDSON, GLEN A. 1.2 NAME NAME 4942 SW 19 ST 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY - S1 - ZiP DELETE Change Addition SD 2.1 TITLE TITLE HUDSON, GAIL 2.2 NAME NAME 4942 SW 19 ST 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 2. 4 C/TY - ST-ZIP C-TY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE HUDSON JR. GLEN A 3.2 NAME NAME 150 SW 127TH AVENUE 3.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 3.4. CITY - \$T - 2IP CHY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY: ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME **5.2 NAME** STREET ADORESS 5.3 STREET ADDRESS QUIY-ST-ZIF 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

appears in Block 12 or Block 13 if chariged,

STREET ADDRESS CITY+ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Date Daytime Phone #

FILED

Jan 29 1997 8:00am

Secretary of State