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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra H. Morthman
Secretary of State
1900 BANKERS BUILDING, TALLAHASSEE, FL 32304

DOCUMENT # 475382 (8)

1. Corporation Name
FLORIDA BUILDER APPLIANCES, INC.

Principal Place of Business: **2847 HOLLYWOOD BLVD HOLLYWOOD FL 33020**

Mailing Address: **2847 HOLLYWOOD BLVD HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **05/08/1975**

3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Sub- Apt # etc	26 Sub- Apt # etc	59-1594646	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MATZ, WILLIAM
621 SEA TURTLE WAY
PLANTATION FL**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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: *William Matz* 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MATZ, WILLIAM	1.2 NAME	
3. STREET ADDRESS	621 SEA TURTLE WAY	1.3 STREET ADDRESS	
4. CITY & ZIP	PLANTATION FL	1.4 CITY & ZIP	
5. TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY & ZIP		2.4 CITY & ZIP	
9. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY & ZIP		3.4 CITY & ZIP	
13. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY & ZIP		4.4 CITY & ZIP	
17. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY & ZIP		5.4 CITY & ZIP	
21. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY & ZIP		6.4 CITY & 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 Sections 119.07, 119.08, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and not untrue and that my signature shall have the same legal effect as if made under oath. 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 of this filing. I am an attorney with an address.

SIGNATURE: *William Matz* 4/28/95 305-927-9206

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR