

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 516452 (0)

1. Corporation Name

PETE'S APPLIANCE PARTS, INC.

Principal Place of Business

Mailing Address

4009 W. HALLANDALE BLVD.
HOLLYWOOD FL 33023

4009 W. HALLANDALE BLVD.
HOLLYWOOD FL 33023



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

3. Date Incorporated or Qualified

10/14/1976

3a. Date of Last Report

02/21/1995

4. FEI Number

59-1691730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, PETER
4900 S.W. 193RD LANE
FT. LAUDERDALE FL 33332

81 Name

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

83

84 City

FL

85 Zip Code

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 or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning.)

Date

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME SHAW, PETER R.
STREET ADDRESS 4900 S.W. 193RD LANE
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE STD
NAME HENSLEY, LINDA S
STREET ADDRESS 2 FRANKLIN CT
CITY-ST-ZIP DE SOTO MD

☐ DELETE

TITLE D
NAME SPEARMAN, MICHELLE L
STREET ADDRESS 4900 SW 193 LANE
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE D
NAME SHAW, PATRICK A.
STREET ADDRESS 4617 SW 31ST DR
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PVD ☒ Change ☐ Addition

12 NAME SHAW, PETER R.
13 STREET ADDRESS 1560 SWEET BAY WAY
14 CITY-ST-ZIP HOLLYWOOD, FL

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE D ☒ Change ☐ Addition

32 NAME SPEARMAN, MICHELLE L
33 STREET ADDRESS 11159 63 LANE N
34 CITY-ST-ZIP ROYAL PALM, FL #33412

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter R. Shaw 7/17/96

Date

Daytime Phone #

954-963-3754

CR2E034 (3/96)