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

**PROFIT CORPORATION** ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 607167

(4)

APPLIANCE LEASING SYSTEMS, INC.

## **FILED** May 08 1997 8:00am Secretary of State

Principal Plac C/O BUTLER. I #601 8HERIDAI HOLLYWOOD F US	MARK. F. N St. Suite 505	Mailing Address C/O BUTLER. MARK. F 4601 SHERIDAN \$1, S HOLLYWOOD FL 33021 US	UITE 505		3. Date Incorporated or Qualified 01/18/1979	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26	[26]		59-1882826	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	City & State		6. Election Campaign Financing	Fee Required
23		[28]		Trust Fund Contribution	\$5.00 May Be  Added to Fees	
Zip			Zip Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25]	29 30		Florida Statutes Yes No		
ĎI /TI	<ol><li>Name and Address of Curre LER, MARK F.</li></ol>	nt Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent
	I SHERIDAN ST., STE.505					
	BOX 6		6	2 Street Ac	Idress (P.O. Box Number is Not Acceptat	ole)
	LYWOOD FL 33021		8	3		
• 1			8	4 City		85 Zip Code
dd Director	to the available of firsting 007 00	00 - J 007 4500 Florido 04		1	orporation submits this statement for the pration's board of directors. I hereby acceptations	FL   S   Zip code
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD YANG, RAYMOND 1151 S. NORTH LAKE DR. HOLLYWOOD FL V MOY, JANE 1151 S. NORTH LK DR.	port and the if applicable  ND DIRECTORS  DELETE	13. 1.1 THL 1.2 NAM 1.3 STRE 14 CHY 2.1 THL 2.2 NAM	E E1 ADDRESS - S1 - ZiP	quird when renstating) ADDITIONS/CHANGES TO OFFICE	DATE  DERS AND DIRECTORS IN 12  Change Addition  Change Addition
CITY-ST-ZIP	HOLLYWOOD FL			- S1 - ZIP		
TITLE NAME		□ DELETE	3.1 ¥17t1	ſ		Change Addition
STREET ADDRESS			3.2 NAM 3.3 S186	ET ADDRESS		
CITY-ST-ZIP			1 '	- SI-ZIP		
TITLE		DELETE	4.1 1/11		— <u>————————————————————————————————————</u>	☐ Change ☐ Addition
NAME			4 2 NAM	IE }		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ DELETE	5.1 1(TL)			☐ Change ☐ Addition
NAME CTOSET ADODESC			5.2 NAM			i
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITU			Change Addition
NAME			6.2 NAM	J		
STREET ADDRESS				E1 ADDRESS		i
CITY-ST-ZIP			6.4 CITY			
34 I do here!	by certify that the information supplied	od with this filing does not a	ualify for the e	emption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further certify that the
l am an o appears i	in indicated on this annual report or fficer or director of the comporation o in Block 12 or Block 13 if changed, c	supplemental annual report or the receiver or trustee emport or on an attackment with the	is true and ac powered to ex address.	curate and the scute this rep	nat my signature shall have the same lege port as required by Chapter 607, Florida S	il effect as if made under oath; that Statutes; and that my name