FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **633625** **(9)**

1\. Corporation Name

KARLEX EQUITIES INC.

Principal Place of Business: 4 HILLTOP RD. LARCHMONT NY 10538-1119

Mailing Address: 4 HILLTOP RD LARCHMONT NY 10538-1119

DO NOT WRITE IN THIS SPACE

3\. Date Incorporated or Qualified: 08/22/1979

3a. Date of Last Report: 07/06/1994

4\. FEI Number: 13-2996986 — 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

2\. Principal Place of Business 21 / 22 / 23 / 24 / 25

2a. Mailing Address 26 / 27 / 28 / 29 / 30

9\. **Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10\. **Name and Address of New Registered Agent**

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 ... Florida Statutes ...

SIGNATURE

12\. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPIRER, GARY
STREET ADDRESS	4 HILLTOP RD.
CITY-ST-ZIP	LARCHMONT NY

13\. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

14\. I the undersigned, certify that the information supplied with this filing ... Florida Statutes ...

SIGNATURE: Gary S. Spirer (signed) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — GARY SPIRER

5-2-95 — 212-688-0222

0476984 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 635334 (6)

1. Corporation Name

LAKE APPLIANCE CO., INC.

Principal Place of Business: 704 SOUTH 14TH ST. LEESBURG FL 34748-5619

Mailing Address: 704 SOUTH 14TH ST LEESBURG FL 34748-5619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1979

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1939117 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business (21) / Suite, Apt. # etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. # etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WALLS, HARRY
704 SOUTH 14TH ST.
LEESBURG FL 32748

10. Name and Address of New Registered Agent

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 Section 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLS, HARRY
STREET ADDRESS	704 SOUTN 14TH ST
CITY-ST-ZIP	LEESBURG,FL 00000
TITLE	ST
NAME	WALLS, DONNA
STREET ADDRESS	704 SOUTH 14TH ST.
CITY-ST-ZIP	LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (blank entries)

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(1)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M Walls Donna M WALLS — 5-8-95 (904) 728-3084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376833 CP