FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 753437 (3)

1. Corporation Name

FOUNTAINS APPLIANCE SERVICES, INC.

Principal Place of Business	Mailing Address
4615 S. FOUNTAINS DR. LAKE WORTH FL 33467 US	4615 FOUNTAINS DR. LAKE WORTH FL 33467 US

3. Date Incorporated or Qualified: 07/22/1980
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-2005586 ☐ 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	2a. Mailing Address
21	26
Suite Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CEDERBAUM, HAROLD
4254 D'ESTE CT
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: CHIKOFSKY, LEON
82 Street Address (P.O. Box Number is Not Acceptable): 4110 TIVOLI CT.
83
84 City: LAKE WORTH FL 85 Zip Code: 33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Leon H. Chikofsky PRES. Leon Chikofsky 4/29/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FELDSTEIN, JACK		1.2 NAME		
STREET ADDRESS	4409 TREVI CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	CHIKOFSKY, LEON		2.2 NAME		
STREET ADDRESS	4110 TIVOLI CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LANDESMAN, HARRY		3.2 NAME		
STREET ADDRESS	4471 LUXEMBURG CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	CEDERBAUM, HAROLD		4.2 NAME	IRA GOLDMAN	
STREET ADDRESS	4254 D'ESTE CT.		4.3 STREET ADDRESS	4471 LUXEMBURG CT.	
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	600001828786	
STREET ADDRESS			5.3 STREET ADDRESS	-05/20/96--01034--032	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Harry Landesman 4/10/96 (407) 968-2790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HARRY LANDESMAN TREASURER/DIRECTOR

5-1-96