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FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757095 (5)

1. Corporation Name

PINES APPLIANCE SERVICE CORPORATION

Principal Place of Business

2451 BLACK OLIVE BLVD.
DELRAY BCH FL 33445

Mailing Address

2451 BLACK OLIVE BLVD.
DELRAY BCH FL 33445-61403. Date Incorporated or Qualified
03/27/19813a. Date of Last Report
01/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

PALM BEACH

4. FEI Number
59-2075776Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BUSCH JR, ROBERT
1130 VIOLET TERR
APT - A
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

610 ERIE SCHELLER

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

2381 SHADY LANE 104C

83

84 City

DELRAY BEACH

FL

85 Zip Code

33445

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

E. Scheller FINANCIAL SECRETARY

4/30/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETENAME SAMUEL, CARLYN
STREET ADDRESS 2380 MALAYAN DR
CITY-ST-ZIP DELRAY BEACH FLTITLE DT ☐ DELETENAME ROTHBERG EDYTHE
STREET ADDRESS 1130 VIOLET TERR
CITY-ST-ZIP DELRAY BEACH FLTITLE DVP ☐ DELETENAME RUSSO, GENARO
STREET ADDRESS 1080 MAHOGANY WAY
CITY-ST-ZIP DELRAY BCH FLTITLE DS ☐ DELETENAME BROOKS, DOROTHY
STREET ADDRESS 1080 MAHOGANY WAY
CITY-ST-ZIP DELRAY BEACH FLTITLE DFS ☐ DELETENAME BUSCH, ROBERT JR
STREET ADDRESS 1130 VIOLET TER
CITY-ST-ZIP DELRAY BEACH FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P. ☐ Change ☐ Addition1.2 NAME GENE O'DONNELL
1.3 STREET ADDRESS 2400 BLACK OLIVE BLVD #101
1.4 CITY-ST-ZIP DELRAY BEACH FL 334452.1 TITLE DT ☐ Change ☐ Addition2.2 NAME PATRICIA O'DONNELL
2.3 STREET ADDRESS 2400 BLACK OLIVE BLVD #101
2.4 CITY-ST-ZIP DELRAY BEACH FL 334453.1 TITLE DVP ☐ Change ☐ Addition3.2 NAME RALPH MORSE
3.3 STREET ADDRESS 2600 JUNIPER DR #101
3.4 CITY-ST-ZIP DELRAY BEACH FL 334454.1 TITLE DS ☐ Change ☐ Addition4.2 NAME JENEL SCHELLER
4.3 STREET ADDRESS 2381 SHADY LANE #104C
4.4 CITY-ST-ZIP DELRAY BEACH FL 334455.1 TITLE DFS ☐ Change ☐ Addition5.2 NAME ERIE SCHELLER
5.3 STREET ADDRESS 2381 SHADY LANE #104C
5.4 CITY-ST-ZIP DELRAY BEACH FL 334456.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. Scheller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 59-2075776-591

Date Daytime Phone # 0043222

CP2E037 (9/96)