

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757095 (5)
1. Corporation Name
PINES APPLIANCE SERVICE CORPORATION



Principal Place of Business 2451 BLACK OLIVE BLVD. DELRAY BCH FL 33445	Mailing Address C/O ERLE SCHELLER 2381 SHADYLANE, 104C DELRAY BCH FL 33445 US
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3. Date Incorporated or Qualified 03/27/1981	
4. FEI Number 59-2075776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent C/O SELLER, ERLE 2381 SHADY LANE #104C DELRAY BEACH FL 33445	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 ERLE W SCHELLER **ERLE W SCHELLER** 1/23/98
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	<input type="checkbox"/> DELETE
NAME	O'DONNELL, GENE	
STREET ADDRESS	2400 BLACK OLIVE BLVD., #101	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	O'DONNELL, PATRICIA	
STREET ADDRESS	2400 BLACK OLIVE BLVD., #101	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MORSE, RALPH	
STREET ADDRESS	2800 JUNIPER DR., #101	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCHELLER, JEWEL	
STREET ADDRESS	2381 SHADY LANE, #104C	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DFS	<input type="checkbox"/> DELETE
NAME	SCHELLER, ERLE	
STREET ADDRESS	2381 SHADY LANE, #104C	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: ERLE W SCHELLER **ERLE W SCHELLER** 1/23/98 **1/23/98**

CR2E037 (10/97)