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Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757095

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



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	<b>2a. Mailing Address</b> <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip Country <b>28</b>	<b>3. Date Incorporated or Qualified</b> 03/27/1981 <b>4. FEI Number</b> 59-2075776 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent

C/O SELLER, ERLE  
2381 SHADY LANE  
#104C  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	FL

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 1/5/99  
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	
<b>TITLE</b> DP <input type="checkbox"/> DELETE <b>NAME</b> O'DONNELL, GENE <b>STREET ADDRESS</b> 2400 BLACK OLIVE BLVD., #101 <b>CITY-ST-ZIP</b> DELRAY BEACH FL	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DT <input type="checkbox"/> DELETE <b>NAME</b> O'DONNELL, PATRICIA <b>STREET ADDRESS</b> 2400 BLACK OLIVE BLVD., #101 <b>CITY-ST-ZIP</b> DELRAY BEACH FL	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVP <input type="checkbox"/> DELETE <b>NAME</b> MORSE, RALPH <b>STREET ADDRESS</b> 2600 JUNIPER DR., #101 <b>CITY-ST-ZIP</b> DELRAY BCH FL	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DS <input type="checkbox"/> DELETE <b>NAME</b> SCHELLER, JEWEL <b>STREET ADDRESS</b> 2381 SHADY LANE, #104C <b>CITY-ST-ZIP</b> DELRAY BEACH FL	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DFS <input type="checkbox"/> DELETE <b>NAME</b> SCHELLER, ERLE <b>STREET ADDRESS</b> 2381 SHADY LANE, #104C <b>CITY-ST-ZIP</b> DELRAY BEACH FL	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, with all other like empowered.

SIGNATURE: Erle W. Scheller ERLE W. SCHELLER 1/5/99 561 278 8591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0045111

CR2E037 (1/98)