2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90999 039 ****61.25

DOCUMENT # 757095

1. Entity Name

PINES APPLIANCE SERVICE CORPORATION

Principal Place of Business	Mailing Address
2451 BLACK OLIVE BLVD. DELRAY BCH FL 33445	EDWARD HORWITZ ~~C/O ERLE SCHELLER~~ ~~2381 SHADY LANE, 104C~~ ~~DELRAY BCH FL 33445~~ ~~US~~

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2075776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: EDWARD HORWITZ
Street Address (P.O. Box Number is Not Acceptable): 1150 BOXWOOD DR. # 204
City: DELRAY BEACH FL Zip Code: 33445

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: EDWARD HORWITZ, TREAS. Edward Horwitz 3/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COHEN, EMANUEL 1150 MAHOGANY WAY #103 DELRAY BEACH FL	☒ Delete	PRESIDENT SHANUS, ALVIN 1050 CITRUS WAY DELRAY BEACH, FL 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT OBSAND, JUAN C 2380 BLACK OLIVE BLVD #203 DELRAY BEACH FL	☒ Delete	VICE PRESIDENT KATLOWITZ, ERWIN 1131 VIOLET TERRACE DELRAY BEACH, FL. 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MORSE, RALPH 2600 JUNIPER DR., #101 DELRAY BCH FL	☒ Delete	DIRECTOR DEMERITT, MARGARET 1041 ORANGE TERRACE DELRAY BEACH, FL. 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHELLER, JEWEL 2381 SHADY LANE, #104C DELRAY BEACH FL	☒ Delete	DIRECTOR DEMERITT, JOHN 1041 ORANGE TERRACE DELRAY BEACH, FL. 33445	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DFS SCHELLER, ERLE 2381 SHADY LANE, #104C DELRAY BEACH FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORWITZ, EDWARD 1150 BOXWOOD DRIVE 060-204 DELRAY BEACH FL	☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD HORWITZ Edward Horwitz 4/23/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #