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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 9:11

DOCUMENT # 762496 (8)

1. Corporation Name

HIGH POINT OF DELRAY WEST NO. 2 APPLIANCE SERVIC E ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14572 B CANALVIEW DR. DELRAY BCH FL 33484	14572 B CANALVIEW DR. DELRAY BCH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1982
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2179068 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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
22 Suite Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SIMON, STANLEY
14572 B CANALVIEW DR.
DELRAY BCH FL 33484

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SIMON, STANLEY	12 NAME	
STREET ADDRESS	14572 B CANALVIEW DR.	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, ARNOLD	22 NAME	
STREET ADDRESS	14699B CANALVIEW DR	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ZASLOW, MIMI	32 NAME	
STREET ADDRESS	14649 C CANALVIEW DR.	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KLEIN, DOROTHY	42 NAME	
STREET ADDRESS	14484B CANALVIEW DR	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KULMAN, BERTHA	52 NAME	
STREET ADDRESS	14509B CANALVIEW DR	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ABBOTT, ETHEL	62 NAME	
STREET ADDRESS	14492 D CANALVIEW DR.	63 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	64 CITY-ST-ZIP	

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)(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: Stanley Simon PRES 1/13/95 4-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

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