FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/19/1982	3a. Date of Last Report: 01/18/1995
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
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 14540 A CANALVIEW DR DELRAY BCH. FL 33484	26 14540A CANALVIEW DR DELRAY BCH, FL 33484
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DELRAY BCH FL.	28 City & State: DELRAY BCH FL.
24 Zip: 33484 25 Country: USA	29 Zip: 33484 30 Country: USA

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: LEONARD GOULD
82 Street Address (P.O. Box Number is Not Acceptable): 14540A CANALVIEW DR.
83
84 City: DELRAY BCH FL 85 Zip Code: 33484

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: Leonard Gould FIN. SEC'Y - TREASURER 3/4/96
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMON, STANLEY 14572 B CANALVIEW DR. DELRAY BCH, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT "D" BEN LANE 14444 A CANALVIEW DELRAY BCH, FL 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROWN, ARNOLD 14699B CANALVIEW DR DELRAY BCH, FL 00000	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRES. "D" SEYMOUR MENCHER 14668 D CANALVIEW DELRAY BCH, FL 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZASLOW, MIMI 14649 C CANALVIEW DR. DELRAY BCH, FL 00000	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	FIN. SEC'Y - TREASURER "D" LEONARD GOULD 14540A CANALVIEW DELRAY BCH, FL 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEIN, DOROTHY 14484B CANALVIEW DR DELRAY BCH, FL 00000	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KULMAN, BERTHA 14509B CANALVIEW DR DELRAY BCH, FL 00000	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	200101 FL:3842 03/22/96 01017-004 *61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT, ETHEL 14492 D CANALVIEW DR. DELRAY BCH, FL 00000	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Leonard Gould LEONARD GOULD 3/4/96 407-498-4206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SC 3-21-96