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
14572 B CANALVIEW DR.
DELRAY BCH FL 33484

Mailing Address
14572 B CANALVIEW DR.
DELRAY BCH FL 33484

3. Date Incorporated or Qualified: 03/19/1982
3a. Date of Last Report: 01/18/1995

2. Principal Place of Business
21 14540 A CANALVIEW DR DELRAY BCH. FL 33484
Suite, Apt. #, etc. 22
City & State 23 DELRAY BCH FL.
Zip 24 33484 Country 25 USA

2a. Mailing Address
26 14540A CANALVIEW DR DELRAY BCH, FL 33484
Suite, Apt. #, etc. 27
City & State 28 DELRAY BCH FL.
Zip 29 33484 Country 30 USA

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

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. SECY-TREASURER 3/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

CR2E037 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	PRESIDENT "D" ☒ Change ☐ Addition
NAME	SIMON, STANLEY	1.2 NAME	BEN LANE
STREET ADDRESS	14572 B CANALVIEW DR.	1.3 STREET ADDRESS	14444 A CANALVIEW
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	V ☒ DELETE	2.1 TITLE	VICE PRES. "D" ☒ Change ☐ Addition
NAME	BROWN, ARNOLD	2.2 NAME	SEYMOUR MENCHER
STREET ADDRESS	14699B CANALVIEW DR	2.3 STREET ADDRESS	14668D CANALVIEW
CITY-ST-ZIP	DELRAY BCH, FL 00000	2.4 CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	S ☒ DELETE	3.1 TITLE	FIN. SECY-TREASURER "D" ☒ Change ☐ Addition
NAME	ZASLOW, MIMI	3.2 NAME	LEONARD GOULD
STREET ADDRESS	14649 C CANALVIEW DR.	3.3 STREET ADDRESS	14540A CANALVIEW
CITY-ST-ZIP	DELRAY BCH, FL 00000	3.4 CITY-ST-ZIP	DELRAY BCH, FL 33484
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, DOROTHY	4.2 NAME	
STREET ADDRESS	14484B CANALVIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KULMAN, BERTHA	5.2 NAME	200001 75.3842
STREET ADDRESS	14509B CANALVIEW DR	5.3 STREET ADDRESS	03/22/96--01017--004
CITY-ST-ZIP	DELRAY BCH, FL 00000	5.4 CITY-ST-ZIP	*61.25
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ABBOTT, ETHEL	6.2 NAME	
STREET ADDRESS	14492 D CANALVIEW DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	6.4 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)(k), 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 #

SCF 3-21-96