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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90085 003 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762496**  
 1. Corporation Name  
**HIGH POINT OF DELRAY WEST NO. 2 APPLIANCE SERVICE ASSOCIATION, INC.**

Principal Place of Business 14540 A CANALVIEW DR. DELRAY BCH FL 33484 <i>14484B CANALVIEW DR DELRAY BCH, FL 33484</i>	Mailing Address 14540 A CANALVIEW DR. DELRAY BCH FL 33484 <i>14484B CANALVIEW DR DELRAY BCH, FL 33484</i>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/19/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2179068
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>GOULD, LEONARD</b> 14540 A CANALVIEW DR. DELRAY BCH FL 33484	10. Name and Address of New Registered Agent 81 Name <b>DOROTHY KLEIN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>14484 B CANALVIEW DR.</b> 83 84 City <b>DELRAY BEACH</b> FL 85 Zip Code <b>33484</b>
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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 *Dorothy Klein* **DOROTHY KLEIN TREAS.** DATE **2/17/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LANE, BEN <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	STANLEY SIMON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14444AB CANALVIEW DR.		1.2 NAME	14572-10 CANALVIEW DR
CITY-ST-ZIP DELRAY BCH, FL 00000		1.3 STREET ADDRESS	14572-10 CANALVIEW DR
TITLE VD	OTT, CHARLES <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP DELRAY BCH, FL 33484	
STREET ADDRESS 14412 A CANALVIEW DRIVE		2.1 TITLE VD	ARTHUR MILLS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP DELRAY BEACH FL		2.2 NAME	14508 A CANALVIEW DR
TITLE STD	GOULD, LEONARD <input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS DELRAY BCH, FL 33484	
STREET ADDRESS 14540 A CANALVIEW DR.		2.4 CITY-ST-ZIP	
CITY-ST-ZIP DELRAY BCH, FL 00000		3.1 TITLE SD	LAURA SIMON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		3.2 NAME	14572-B CANALVIEW DR.
STREET ADDRESS		3.3 STREET ADDRESS	DELRAY BCH, FL 33484
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE TD	DOROTHY KLEIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	14484 B CANALVIEW DR
CITY-ST-ZIP		4.3 STREET ADDRESS	DELRAY BCH, FL 33484
TITLE		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Dorothy Klein* **DOROTHY KLEIN TREAS.** DATE **2/17/99** 561-495-0592