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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762496

1. Corporation Name

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

Principal Place of Business

14540 A CANALVIEW DR.
 DELRAY BCH FL 33484

14484B CANALVIEW DR
 DELRAY BCH, FL 33484

Mailing Address

14540 A CANALVIEW DR.
 DELRAY BCH FL 33484

14484B CANALVIEW DR
 DELRAY BCH, FL 33484



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

GOULD, LEONARD
14540 A CANALVIEW DR.
DELRAY BCH FL 33484

10. Name and Address of New Registered Agent

81 Name DOROTHY KLEIN
82 Street Address (P.O. Box Number is Not Acceptable) 14484 B CANALVIEW DR.
83
84 City DELRAY BEACH
85 Zip Code FL 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 DOROTHY KLEIN TREAS.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANE, BEN		1.2 NAME STANLEY SIMON	
STREET ADDRESS 14444AB CANALVIEW DR.		1.3 STREET ADDRESS 14572-B CANALVIEW DR	
CITY-ST-ZIP DELRAY BCH, FL 00000		1.4 CITY-ST-ZIP DELRAY BCH, FL 33484	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OTT, CHARLES		2.2 NAME ARTHUR MILLS	
STREET ADDRESS 14412 A CANALVIEW DRIVE		2.3 STREET ADDRESS 14508 A CANALVIEW DR	
CITY-ST-ZIP DELRAY BEACH FL		2.4 CITY-ST-ZIP DELRAY BCH, FL 33484	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOULD, LEONARD		3.2 NAME LAURA SIMON	
STREET ADDRESS 14540 A CANALVIEW DR.		3.3 STREET ADDRESS 14572-B CANALVIEW DR.	
CITY-ST-ZIP DELRAY BCH, FL 00000		3.4 CITY-ST-ZIP DELRAY BCH, FL 33484	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME DOROTHY KLEIN	
STREET ADDRESS		4.3 STREET ADDRESS 14484 B CANALVIEW DR	
CITY-ST-ZIP		4.4 CITY-ST-ZIP DELRAY BCH, FL 33484	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 TREAS. 2/17/99 561-495-0592