

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 2:00

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 767492 (2)

1. Corporation Name

GATELY APPLIANCE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~C/O DORIS C. WHEELER~~ Kathryn Morrison  
2638 GATELY DR. EAST, TOWNHOUSE #67-117  
W PALM BCH FL 33415

~~C/O DORIS C. WHEELER~~ Kathryn Morrison  
2638 GATELY DR. EAST, TOWNHOUSE #67-117  
W PALM BCH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1983  
3a. Date of Last Report 04/18/1994

4. FEI Number 59-2269174  
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 C/O Kathryn Morrison  
22 Suite, Apt. #, etc. 2638 Gately Dr. E. #117

25 C/O Kathryn Morrison  
27 Suite, Apt. #, etc. 2638 Gately Dr. E. #117

23 City & State W. Palm Beach, FL ~~33415~~

28 City & State W. Palm Beach, FL ~~33415~~

24 Zip 33415  
25 Country Palm Beach

29 Zip 33415  
30 Country Palm Beach

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

Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

HOFFMAN JOSEPH  
2638 GATELY DRIVE E.  
#121  
WEST PALM BEACH FL 33415

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

Signature (Typed or printed name of registered agent and the filer if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | AT                       |
| NAME           | FISHMAN EDIE             |
| STREET ADDRESS | 2638 GATELY DR E. #18    |
| CITY, ST, ZIP  | WEST PALM BEACH FL       |
| TITLE          | P                        |
| NAME           | HOFFMAN, JOSEPH          |
| STREET ADDRESS | 2638 GATELY DR E. #121   |
| CITY, ST, ZIP  | WEST PALM BEACH FL       |
| TITLE          | T                        |
| NAME           | WHEELER, DORIS C         |
| STREET ADDRESS | 2638 GATELY DR., E., #67 |
| CITY, ST, ZIP  | WEST PALM BEACH FL       |
| TITLE          | AVP                      |
| NAME           | LEAVITT, ROBERT          |
| STREET ADDRESS | 2638 GATELY DR E #54     |
| CITY, ST, ZIP  | WEST PALM BEACH FL       |
| TITLE          | AVP                      |
| NAME           | TURCOTTE, ERNEST         |
| STREET ADDRESS | 2638 GATELY DRIVE E #53  |
| CITY, ST, ZIP  | WEST PALM BEACH FL       |
| TITLE          | S                        |
| NAME           | MORRISON, KATHRYN        |
| STREET ADDRESS | 2838 GATELY DR E. #117   |
| CITY, ST, ZIP  | WEST PALM BEACH FL       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | No Longer A Director or Officer  |
| 13 STREET ADDRESS |  |
| 14 CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY, ST, ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           | No Longer A Director or Officer  |
| 33 STREET ADDRESS |  |
| 34 CITY, ST, ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           | VP Leavitt, Robert   |
| 43 STREET ADDRESS | 2638 Gately Dr. E. #54   |
| 44 CITY, ST, ZIP  | West Palm Beach, FL 33415  |
| 51 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           | No Longer A Director or Officer  |
| 53 STREET ADDRESS |  |
| 54 CITY, ST, ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           | Secretary-Treasurer Morrison, Kathryn  |
| 63 STREET ADDRESS | 2638 Gately Dr. E. #117  |
| 64 CITY, ST, ZIP  | West Palm Beach, FL 33415  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: *Joseph Hoffman* Joseph Hoffman

4/11/95 (407) 969-1714