

FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 767492

1. Corporation Name  
GATELY APPLIANCE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business  
C/O KATHRYN MORRISON  
2638 GATELY DRIVE EAST #117  
WEST PALM BEACH FL 33415  
US

Mailing Address  
C/O KATHRYN MORRISON  
2638 GATELY DRIVE EAST #117  
WEST PALM BEACH FL 33415  
US



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (25) Country (29) 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30) 3. Date Incorporated or Qualified (03/15/1983) 4. FEI Number (59-2269174) 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

9. Name and Address of Current Registered Agent  
HOFFMAN JOSEPH  
2838 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 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  
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JOSEPH	1.2 NAME	
STREET ADDRESS	2638 GATELY DR E. #121	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAVITT, ROBERT	2.2 NAME	
STREET ADDRESS	2638 GATELY DR E #54	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, KATHRYN	3.2 NAME	
STREET ADDRESS	2638 GATELY DR E. #117	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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: *Joseph Hoffman* SIGNATURE REQUIRED  
Date: 4-20-99 Daytime Phone #: 561-969-1214

CR2E037 (11/98)