

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 # **768173** (7)

1. Corporation Name

CRESTHAVEN APPLIANCE SERVICE, INC.



Principal Place of Business

Mailing Address

CRESTHAVEN APPL. SERV.
2946-C CROSLEY DRIVE. E.
WEST PALM BEACH FL 33415
US

CRESTHAVEN APPL. SERV.
2946-C CROSLEY DRIVE. EAST
WEST PALM BEACH FL 33415
US

3. Date Incorporated or Qualified

04/27/1983

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMBURGER, ADELE R.
2946-C CROSLEY DRIVE, EAST
WEST PALM BEACH FL 33415

81

Name

MILTON RESNICK

82

Street Address (P.O. Box Number is Not Acceptable)

2717 EMORY DR W

83

84

City

WEST PALM BEACH

FL

85

Zip Code

33415

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

Milton Resnick - Pres

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

(NOTE: Registered Agent signature required when reinstating)

2/5/96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VP

☐ DELETE

NAME

ERMST, DOROTHY

STREET ADDRESS

2891 ASHLEY DR W

CITY - ST - ZIP

WEST PALM BCH, FL 00000

TITLE

SD

☐ DELETE

NAME

RENNERT, FLORE

STREET ADDRESS

2590 BARKLEY DR, E

CITY - ST - ZIP

WEST PALM BCH, FL 00000

TITLE

TD

☐ DELETE

NAME

THALER, DOROTHY

STREET ADDRESS

2551 BARKLEY DR., W.

CITY - ST - ZIP

WEST PALM BCH, FL 00000

TITLE

AST

☒ DELETE

NAME

HAMBURGER, ADELE R.

STREET ADDRESS

2946 CROSLEY DR. E.

CITY - ST - ZIP

W. PALM BEACH FL

TITLE

PD

☐ DELETE

NAME

RESNICK, MILTON

STREET ADDRESS

2717 EMORY DR. W.

CITY - ST - ZIP

WEST PALM BCH, FL 00000

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

MALKIN, ELANDR

2536 EMORY DR E

WEST PALM BEACH FL 33415

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

2717 EMORY DR W

WEST PALM BEACH, FL 33415

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Milton Resnick Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

Daytime Phone #

CR2E037 (12/95)