

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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. 2885 E ASHLEY DR WEST PALM BEACH FL 33415 US	CRESTHAVEN APPL. SERV. 2885 E ASHLEY DR WEST PALM BEACH FL 33415 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
04/27/1983	52-2283782	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
RESNICK, MILTON 2885 E ASHLEY DR 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 City
84 Zip Code
WILLIAM D. JONES 2885 E. Ashley Drive West Palm Beach FL 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 William D. Jones WILLIAM D. JONES 1-28-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	ERMST, DOROTHY
STREET ADDRESS	2891 ASHLEY DR W
CITY-ST-ZIP	WEST PALM BCH, FL 00000
TITLE	D
NAME	RENNERT, FLORE
STREET ADDRESS	2590 BARKLEY DR, E
CITY-ST-ZIP	WEST PALM BCH, FL 00000
TITLE	TD
NAME	JONES, WILLIAM
STREET ADDRESS	2570-B BARKLEY DR E
CITY-ST-ZIP	WEST PALM BCH, FL 00000
TITLE	SD
NAME	KOEHLER, LOUISE
STREET ADDRESS	5423-F CRESTHAVEN BLVD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	PD
NAME	RESNICK, MILTON
STREET ADDRESS	2717 EMORT DRIVE WEST
CITY-ST-ZIP	WEST PALM BCH, FL 00000
TITLE	D
NAME	DE MOSS, ROBERT
STREET ADDRESS	2770-D ASHLEY DR E
CITY-ST-ZIP	WEST PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	HLAVAC, CAMILLE
6.4 CITY-ST-ZIP	4780-E CRESTHAVEN BLVD. WEST PALM BEACH, FL 33415

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.

SIGNATURE: Milton Resnick MILTON RESNICK 1-28-98 (501) 967-9120

CR2E037 (10/97)