

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90196 010 ****61.25

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DOCUMENT # 768173

1. Corporation Name

CRESTHAVEN APPLIANCE SERVICE, INC.

Principal Place of Business

CRESTHAVEN APPL. SERV.
2885 E ASHLEY DR
WEST PALM BEACH FL 33415
US

Mailing Address

CRESTHAVEN APPL. SERV.
2885 E ASHLEY DR
WEST PALM BEACH FL 33415
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/27/1983

4. FEI Number

52-2283782

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

JONES, WILLIAM D
2885 E ASHLEY DR
W 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

TITLE ☐ DELETE

NAME **VPD**
STREET ADDRESS **ERMST, DOROTHY**
CITY-ST-ZIP **2891 ASHLEY DR W**
WEST PALM BCH, FL 00000

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **RENNERT, FLORE**
CITY-ST-ZIP **2590 BARKLEY DR, E**
WEST PALM BCH, FL 00000

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **JONES, WILLIAM**
CITY-ST-ZIP **2570-B BARKLEY DR E**
WEST PALM BCH, FL 00000

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **KOEHLER, LOUISE**
CITY-ST-ZIP **5423-F CRESTHAVEN BLVD**
WEST PALM BEACH FL

TITLE ☒ DELETE

NAME **PD**
STREET ADDRESS **RESNICK, MILTON**
CITY-ST-ZIP **2717 EMORT DRIVE WEST**
WEST PALM BCH, FL 00000

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **HLAVAC, CAMILLE**
CITY-ST-ZIP **4780-E CRETHAVEN BLVD**
W PALM BEACH FL 33415

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

WILLIAM D JONES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 561 965-5654

Date

Daytime Phone #

CR2E037 (11/98)