

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 30 PM 4:26

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001167**

**APPLIANCE CENTER OHIO LTD.**

Mailing Address

1400 N.W. 107TH AVENUE  
MIAMI FL 33172

Principal Office Address

1400 N.W. 107TH AVENUE  
MIAMI FL 33172

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

06/21/1996

3a. Date of Last Report

12/31/1996

4. State or Country of Formation

FL

6. FEI Number

65-0674734

7. Certificate of Status Desired

☐ Applied For  
☐ Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)

**\$8.75** Additional  
Fee Required

9. Name and Address of Current Registered Agent

**SIEGEL, STEVEN T**  
1400 N.W. 107TH AVENUE  
MIAMI FL 33172

10. If changed, new Registered Agent/Office

Name

Levy, Joel

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

1400 N.W. 107 Avenue

Suite, Apt. #, etc.

4th Floor

City

Miami

FL

Zip Code

33172

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 12/29/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**APPLIANCE CENTER YOUNGSTOWN,**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**1400 N.W. 107TH AVENUE**

11b. City, State & Zip Code

**MIAMI FL 33172**

11c. Registration/  
Document Number

**P96000038201**

500002400835--6  
-01/15/98--01003--025  
\*\*\*\*156.25 \*\*\*\*156.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Joel Levy, EVP

DATE 12/29/97

Daytime Telephone Number

(305) 392-4020

CR2E003 (6/97)