Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90185 004 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F39986 1. Corporation Name

REED AF	PPLIANCES ENTERPRISES	, INC.							
Principal Place	e of Business	Mailing Address				-	130 8 111 8181 1 8 28	M 21217 21201 2	1881 (1886) (W.
3255 FLAGLER AVE 3255 FLAGLER AVE									
SUITE 308 SUITE 308						DO NOT WA	TE IN THIS C	RDACE	
KEY WEST FL 33040 KEY WEST FL 33040						3. Date Incorporated or Qualifed	TE IN THIS C		
						06/09/1981			ļ
2 Dainainal Di	less of Business	2a. Mailing Address				4. FEI Number		An	plied For
						59-2092092		→	t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #,								\$8.75	
22	27				5. Certifcate of Status Desired		Fee Re	quired	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28	8			Trust Fund Contribution	LJ	Added t	to Fees
Zip Country Zip			Country			8. This corporation owes the curr			
24	25	29 30	0			Personal Property Tax.		∑¥Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New I	Registered A	gent	
A ODI	CH CEDALO ID		8	1 Nam	1 e				
ABREU, GERALD, JR. 3255 FLAGLER AVE			8:	2 Street Addre		ss (P.O. Box Number is Not Accept	able)		
SUITE 308			-	_					
KEY WEST FL 33040			8	3					. `
NL:	VILOT I E 30040		8	4 City		· , · · · .	FL	85 Zip	Code
		00 1007 1500 Fly 11 Obst. to	40 10 -			ration submits this statement for the		hanging its	registered
Office OF D	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607.0505, Florid	norized b a Statute	y the co es.	rporation	n's board of directors. I nereby acce	DATE	ment as re	gistered
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: RE	13.	ent signatu	re required	when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
TITLE	P	DELETE	11 TITLE					Change	☐ Addition
NAME	abreu, Gerald Jr.	_	1.2 NAME						
STREET ADDRESS	1418 PATRICIA ST			ET ADDRE	ss				\
CITY-ST-ZIP	KEY WEST, FL 00000		1.4 CITY-		_				
TITLE			2.1 TITLE					Change	☐ Addition
NAME			2.2 NAME	:					}
STREET ADDRESS				ETADDRE	ss	·			1
CITY-ST-ZIP	1 contractor of			-ST-ZIP					. 1
TITLE			3 1 TITLE	_				☐ Change	☐ Addition
NAME	SANTANA, EDNA 32N		3.2 NAME						
STREET ADDRESS			3.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP			3.4. CITY	-ST-ZiP	_				
TITLE		☐ DELETÉ	4.1 TITLE			-		Change	Addition
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			••		Change	☐ Addition
NAME			5.2 NAME			•			
STREET ADDRESS				ET ADDRE	SS				
CITY-ST-ZIP			5.4 CITY-		\perp				
TITLE		☐ DELETÉ	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS				ETADORE	SS				
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 607, 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:

MCWOW GERALD ABREU
PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-296-7268