


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90015 010 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # F47813**

1. Corporation Name

**ALL APPLIANCE PARTS OF SARASOTA, INC.**

Principal Place of Business  
**3156 BEE RIDGE ROAD**  
**SARASOTA FL 34239**  
**US**

Mailing Address  
**3156 BEE RIDGE ROAD**  
**SARASOTA FL 34239**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/07/1981**4. FEI Number  
**59-2126317**Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing... ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**KOVAC, JOSEPH S**  
**3156 BEE RIDGE ROAD**  
**SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name **STEPHEN J. KOVAC**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3156 BEE RIDGE RD.**  
 83  
 84 City **SARASOTA** FL 85 Zip Code **34239**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOVAC, JOSEPH S</b>	
STREET ADDRESS	<b>3156 BEE RIDGE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	
TITLE	<b>TOP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOVAC, JOSEPH S</b>	
STREET ADDRESS	<b>3156 BEE RIDGE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>KOVAC, STEPHEN J.</b>	
STREET ADDRESS	<b>3156 BEE RIDGE ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TOPS</b>
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 type="checkbox"/> Change <input type="checkbox"/> 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 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:

**SIGNATURE REQUIRED**  
**STEPHEN J. KOVAC**

4/30/99

941-923-3437

CR2E034 (1/98)