

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004250 (4)

1. Corporation Name

AMERICAN WHIRLPOOL ACQUISITION CORP.



Principal Place of Business % LECLAIR RYAN 707 E. MAIN ST., 11TH FL. RICHMOND VA 23219		Mailing Address % LECLAIR RYAN 707 E. MAIN ST., 11TH FL. RICHMOND VA 23219-2814	
2. Principal Place of Business 21 3050 N. 29th Court Suite, Apt. #, etc. 22 City & State 23 Hollywood, FL Zip 24 33020 Country 25 USA		2a. Mailing Address 26 3050 N. 29th Court Suite, Apt. #, etc. 27 City & State 28 Hollywood, FL Zip 29 33020 Country 30 USA	
3. Date Incorporated or Qualified 08/20/1996		3a. Date of Last Report	
4. FEI Number 54-1814454		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DA <input type="checkbox"/> DELETE	1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ROBERT R.	1.2 NAME	Kaplan, Robert R.
STREET ADDRESS	609 EAST MAIN ST.	1.3 STREET ADDRESS	629 E. Main St.
CITY-ST-ZIP	RICHMOND VA 23219	1.4 CITY-ST-ZIP	Richmond, VA 23202
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARTER, WILLIAM P	2.2 NAME	Finn, Steven J.
STREET ADDRESS	609 EAST MAIN ST.	2.3 STREET ADDRESS	35 Fiesta Way
CITY-ST-ZIP	RICHMOND VA 23219	2.4 CITY-ST-ZIP	Davie, FL 33324
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Katz, Jeanette V.
STREET ADDRESS		3.3 STREET ADDRESS	9770 SW 15th Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Davie, FL 33324
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Finn

Date

Daytime Phone

0008501

CR2E034 (9/96)