

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 8:32

DOCUMENT # **G44820** (0)

1. Corporation Name

APPLIANCE KING OF AMERICA, INC.

Principal Place of Business

101 S.E. 4TH AVE.
P.O. BOX 3023
DELRAY BEACH FL 33447-0023

Mailing Address

101 S.E. 4TH AVE.
P.O. BOX 3023
DELRAY BEACH FL 33447-0023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/23/1983	3a. Date of Last Report 03/18/1994
4. FEI Number 59-2552855	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 33447-3023 25	29 33447-3023 30

9. Name and Address of Current Registered Agent

COSTANZO, JAMES F SR
-8811 LONGMEADOW CIR
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9183 Chianti Court
83	
84 City	
FL 85	Zip Code 33437

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	PT	1.1 TITLE	☒ Change ☐ Addition
NAME	COSTANZO, JAMES F.	1.2 NAME	
STREET ADDRESS	8811 LONGMEADOW CIRCLE	1.3 STREET ADDRESS	9183 Chianti Court
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	COSTANZO, DIANE R.	2.2 NAME	
STREET ADDRESS	8811 LONGMEADOW CIRCLE	2.3 STREET ADDRESS	9183 Chianti Court
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	RIDER, CAROL N	3.2 NAME	
STREET ADDRESS	9020 FOMENTO BAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	DOVEY, DON	4.2 NAME	
STREET ADDRESS	1911 HIGH RIDGE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Diane R. Costanzo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/95
Date

407-276-4169
Daytime Filing #