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 # G44820

1. Corporation Name

APPLIANCE KING OF AMERICA, INC.

FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90004 012 ***150.00



Principal Place	of Business	Mailing Address	s			e immitit more minte mamme imite	# 11811 # #11 #1#11 #1		312(1 414)(182)
101 S.E. 4TH A	VE.	101 S.E. 4TH AVE.							
P.O. BOX 3023		P.O. BOX 3023							
Delray Beach US	I FL 33447-3023	DELRAY BEACH FL 33447-3023 US				DO NOT WRITE IN THIS SPACE			
03					ļ	3. Date Incorporated or Qualifed 06/23/1983			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number Applied For			
21		26				59-2552855			ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							Additional
22	- + - *	27			-	5. Certifcate of Status Desired	. 🗆	•	equired
City & Stat	e	City & State				6. Election Campaign Financin		\$5.00	May Be
23		28				Trust Fund Contribution	,a 🗀		to Fees
Zip	Country	Zip Country				8. This corporation owes the c	urrent year Inta	ngible]
24	25	293	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of Nev	w Registered A	\gent	
000	TANZO 141450 5 00		81	Na	me]
	TANZO, JAMES F SR		82 Street Add			s (P.O. Box Number is Not Acce	ptable)		
	CHIANTI CT	oz Street Adi					·		
BOY	NTON BEACH FL 33437		83						
			84	Cit	у			85 Zip	Code
				<u> </u>			FL		
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: D	naieturad Aga	ot elona	dues required a	hen reinstating)	DATE		
12.	OFFICERS AND		13.	in argina	itore reduied w	ADDITIONS/CHANGES TO		DIRECTO	ORS IN 12
TITLE	PT	DELETE	1.1 TITLE			ADDITIONO/OFFANGES TO	SIT ICENS AND	Change	☐ Addition (
NAME	COSTANZO, JAMES F.		1.2 NAME					_ ,	_
ł	9183 CHIANTI CT			T A DOO	1500				ŀ
STREET ADDRESS	BOYNTON BEACH FL		1.3 STREE		E99 (-			}
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NAME	COSTANZO, DIANE R.		2.2 NAME						ł
STREET ADDRESS	9183 CHIANTI CT		2.3 STREE		ESS		لمحادث المحاديث	,	- (
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NAME	DOVEY, DON		3.2 NAME						1
STREET ADDRESS	1911 HIGH RIDGE ROAD		3.3 STREE		ESS	•			ļ
CITY-ST-ZIP	LAKE WORTH FL	□ DELETE	3.4. CITY-5	ST-ZIP				Change	Addition
TITLE		DELETE	4.1 TITLE					□ cuange	☐ Addingti
NAME	•	•	4.2 NAME		(Į
STREET ADDRESS			4.3 STREE	TADDR	RESS			•	İ
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Ì	,		Change	☐ Addition
NAME	·		5.2 NAME						
STREET ADDRESS			5.3 STREE		ESS			•	}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				— <u> </u>	
TITLE	:	☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME .	· •		6.2 NAME						ļ
STREET ADDRESS			6.3 STREE	TADDR	ESS		•		j
CITY-ST-ZIP	•		6.4 CITY-S	T-ZIP					
	antifushed the information ownstind with	this file- does not qualify for the	ho evernt	ion of	atod in Sac	ction 119 07(3)(i) Florida Statuto	s I further cort	fu that the	information

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 cath; 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: