

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


FILED

Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90043 028 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H06528 1. Corporation Name GREG'S APPLIANCE INSTALLATIONS, INC.					
Principal Place of Business 10601 NW 6TH COURT PLANTATION FL 33324			Mailing Address 10601 NW 6 CT PLANTATION FL 33324-1004 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1984	
21		26		4. FEI Number 59-2411605	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		85	
Zip		Country		84	
24		29		30	
9. Name and Address of Current Registered Agent BROWN, GREGORY 10601 NW 6TH COURT 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		
85 Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BROWN, GREGORY			1.2 NAME		
STREET ADDRESS 10601 NW 6TH CT			1.3 STREET ADDRESS		
CITY-ST-ZIP PLANTATION FL			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 type="checkbox"/> Change <input type="checkbox"/> Addition			3.2 NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 954 475 1966