

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

pg 1 of 2

A/R 1996 + 1997


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97 FEB 21 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

filed as A/R.  
notice not received  
mwb

PROFIT CORPORATION ANNUAL REPORT 1996-1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *H 85307*  
1. Corporation Name  
*Quality Appliance Service of Pinellas, Inc.*  
**Quality Appliance Service, Inc.**

Principal Place of Business Mailing Address  
1155 NE Cleveland St. 1155 NE Cleveland St.  
Clearwater, FL 34615 Clearwater, FL 34615

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/85	3a. Date of Last Report reinstated
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-2600106	Applied For Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24. Country	29. Country	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				10. Name and Address of New Registered Agent			
Symanski & McKnight, C.P.A.'s, P.A. 1301 Seminole Blvd, Suite 115 Largo, FL 33770				81 Name Symanski & McKnight, C.P.A.'s, P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1301 Seminole Blvd., Suite 115			
				83			
				84 City Largo	85 FL	86 Zip Code 33770	

11. Pursuant to the provisions of Sections 607.0302 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE: *Robert P. Symanski* *[Signature]* DATE: *2-5-97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE DP	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME Peter Alonso		12. NAME	
13. ZIP 9316 120th Ave., North		13. STREET ADDRESS	
14. CITY-STATE Largo, FL 34643		14. CITY-ST-ZIP	
15. TITLE	<input type="checkbox"/> DELETE	21. TITLE	
16. NAME		22. NAME	
17. STREET ADDRESS		23. STREET ADDRESS	
18. CITY-STATE		24. CITY-ST-ZIP	
19. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		32. NAME	
21. STREET ADDRESS		33. STREET ADDRESS	
22. CITY-STATE		34. CITY-ST-ZIP	
23. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		42. NAME	
25. STREET ADDRESS		43. STREET ADDRESS	
26. CITY-STATE		44. CITY-ST-ZIP	
27. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		52. NAME	
29. STREET ADDRESS		53. STREET ADDRESS	
30. CITY-STATE		54. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		62. NAME	
33. STREET ADDRESS		63. STREET ADDRESS	
34. CITY-STATE		64. CITY-ST-ZIP	

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\*\*\*365.00 \*\*\*365.00

14. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) Florida Statutes. I further certify that the information on this annual report or annual annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. The signature of a director, officer, or other person in the receipt or trust, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes section of this attachment with an address.

SIGNATURE: *[Signature]* DATE: *2/12/97* *813 445 4493*

CR2E034 (9/96)



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**AUTHORIZED  
FACTORY SERVICE  
QUALITY APPLIANCE SERVICE Inc.**

1155 N.E. Cleveland Street  
Clearwater, Florida 34615  
Pinellas (813) 445-9344 Hillsborough (813) 223-3396

February 7, 1997

Florida Department of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

This letter is in regards to a phone conversation where I was advised to notify you that we never received our corporation annual reports for 1996 or 1997. A representative advice us to inform you of this matter so that all penalties for these reports would be eliminated. Included with this letter are the reports for 1996 and 1997, along with the fees of the amount of \$200.00 for 1996 and the amount of \$165.00 for 1997. These amounts are what the informed us that is required to pay.

I appreciate your prompt attention on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Peter Alonso". The signature is written in a cursive, flowing style.

E. Peter Alonso  
President