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FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J06522

(3)

1. Corporation Name

NYLE APPLIANCE CORPORATION

Principal Place of Business

SUITE 612  
8200 SO DADELAND BLVD.  
MIAMI FL 33156

Mailing Address

SUITE 612  
8200 SO DADELAND BLVD.  
MIAMI FL 33156-2714

3. Date Incorporated or Qualified  
03/28/1986

3a. Date of Last Report  
02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

NYER, SAMUEL  
8200 SO DADELAND BLVD  
SUITE 612  
MIAMI FL 33156

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number  
NOT APPLICABLE

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

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

*Richard N. Friedman*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/97

12. OFFICERS AND DIRECTORS

11a. ☐ DELETE

NAME: NYER, SAMUEL  
STREET ADDRESS: 72 CENTER ST  
CITY, ST, ZIP: BREWER ME

11b. ☐ DELETE

NAME: LEWIS, DONALD C.  
STREET ADDRESS: 72 CENTER ST.  
CITY, ST, ZIP: BREWER ME

11c. ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

11d. ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

11e. ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

11f. ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

11.5 TITLE ☐ Change ☐ Addition

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY, ST, ZIP

11.9 TITLE ☐ Change ☐ Addition

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY, ST, ZIP

11.13 TITLE ☐ Change ☐ Addition

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY, ST, ZIP

11.17 TITLE ☐ Change ☐ Addition

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY, ST, ZIP

11.21 TITLE ☐ Change ☐ Addition

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY, ST, ZIP

11.25 TITLE ☐ Change ☐ Addition

11.26 NAME

11.27 STREET ADDRESS

11.28 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:

Samuel Nyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Samuel Nyer*

1/14/97 (207)942-4851

CR2E034 (9/96)