

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J16301 (0)

1. Corporation Name

CARE APPLIANCE SERVICE, INC.



Principal Place of Business

1011 - 7TH AVENUE S.
LAKE WORTH FL 33460-1942

Mailing Address

1011 - 7TH AVENUE S.
LAKE WORTH FL 33460-1942

3. Date Incorporated or Qualified
05/23/1986

3a. Date of Last Period
03/10/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2694093

Applied For
Not Applicable

21

26

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDD, JOHN E.
437 SANTA ANNA DR.
PALM SPRINGS FL 33461

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

John E. Rudd JOHN E. RUDD

(NOTE: Registered Agent signature required when reinstating)

4-19-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME RUDD, JOHN E.
STREET ADDRESS 437 SANTA ANNA DR.
CITY-ST-ZIP PALM SPRINGS FL

TITLE VD ☐ DELETE
NAME KUSTERMANN, JOSEPH R.
STREET ADDRESS 529 WORTHMORE DR.
CITY-ST-ZIP LAKE WORTH FL

TITLE S ☐ DELETE
NAME RUDD, RANDALL A
STREET ADDRESS 437 SANTA ANNA DR
CITY-ST-ZIP PALM SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

John E. Rudd JOHN E. RUDD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

DATE

407-586-8303

DAYTIME PHONE #

CR2E034 (12/95)