

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

0352609

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90105 036 ***150.00

DOCUMENT # J16301

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1986

4. FEI Number 59-2694093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME RUDD, JOHN E. 437 SANTA ANNA DR. PALM SPRINGS FL	<input type="checkbox"/> DELETE	
		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME KUSTERMANN, JOSEPH R. 529 WORTHMORE DR. LAKE WORTH FL	<input type="checkbox"/> DELETE	
		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME RUDD, RANDALL A 437 SANTA ANNA DR PALM SPRINGS FL	<input type="checkbox"/> DELETE	
		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME RUDD, RANDALL A 437 SANTA ANNA DR PALM SPRINGS FL	<input type="checkbox"/> DELETE	
		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME RUDD, RANDALL A 437 SANTA ANNA DR PALM SPRINGS FL	<input type="checkbox"/> DELETE	
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME RUDD, RANDALL A 437 SANTA ANNA DR PALM SPRINGS FL	<input type="checkbox"/> DELETE	
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME RUDD, RANDALL A 437 SANTA ANNA DR PALM SPRINGS FL	<input type="checkbox"/> DELETE	
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-6-99 561-586-8303

Daytime Phone #

CPDF024 (1-1/93)