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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

GOOD GUYS, INC.

Principal Prace of Business

appears in Block 12 o

SIGNATURE:

| DUMENT#      | J80043 |
|--------------|--------|
| OD CHIVE INC |        |

Mailing Address

## **FILED** Apr 02 1997 8:00am Secretary of State

Davime Phone (

Date



| 505 BEACHLAND BLVD.<br>VERO BEACH FL 32963 |  | 505 BEACHLAND BLVD.<br>VERO BEACH FL 32963-1710 |                            |  |                                  |                       |  |
|--|--|---|----------------------------|--|----------------------------------|-----------------------|--|
|  |  |   |                            | 3. Date Incorporated or Qualified 07/01/1987   | 3a. Date of Last R<br>05/10/1996 | eport                 |  |
| 2. Principal P                             | hace of Business   | 2a. Mailing Address                             |                            | .4. FEI Number   |                                  | oplied For            |  |
| 1  |  | 26  |                            | 65-0007323   | No                               | ot Applicable         |  |
| Suite, Apt<br>2 Suite                      |  | Suite Apt. #, etc. 27 Suite                     | - Box 21'                  | 7 5. Certificate of Status Desired   |                                  | Additional<br>equired |  |
| City & Stati                               | e .  | City & State                                    |                            | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees      |                       |  |
| Zip  | Country  | Zip   | Country                    | 8. This corporation has liability for  | intangible tax under s           | i. <b>19</b> 9.032,   |  |
| <u> </u>                                   | 25   |   | 30                         |  | Yes No                           |                       |  |
|  | 9. Name and Address of Currer                                  | nt Registered Agent                             | 81 Name                    | 10. Name and Address of New Re   | gistered Agent                   |                       |  |
| 505 SUIT                                   | itese, Luciano<br>Beachland Blvd.<br>Te 4a<br>O Beach Fl 32963 | ı   | 82 Street                  | Address (P.O. Box Number is Not Acceptal 80 Seacreast Drive  |                                  |                       |  |
| 72.14                                      |  | ,   | 84 City                    | Ø - 1  | - 85 Zip                         | Code                  |  |
|  |  |   | V                          | ero Beach<br>d corporation submits this statement for the p  | FL   33                          | 3963                  |  |
| SIGNATURE:                                 | am familiar with, and accept the oblig                         | ent and title of applicable (NOTE               | : Higistered Agent signatu | re required when reinstating)  | DATE                             | 20.01.40              |  |
| 2.   |  | D DIRECTORS                                     | 13.                        | ADDITIONS/CHANGES TO OFFI  | CERS AND DIRECTOR                |                       |  |
| IINF                                       | PD MELLA MALLIAM C   | DELETE  | 1 1 TITLE                  | WILLIAM C RAGANES  | Leg Change                       | Additio               |  |
| NAME                                       | RAGNELLA, WILLIAM C<br>221 HUNTINGTON BAY RD.                  |   | 1.2 NAME                   | WILLIAM C CHONNES  | CA                               |                       |  |
| STHEET ADDRESS:                            | HUNTINGTON NY  |   | 1 3 STREET ADDRESS         |  |                                  |                       |  |
| HTV - ST - ZiPi<br>HTvF                    | VD   | <b>▼</b> DELETE                                 | 14 CITY+ST-ZIP<br>21 TITLE |  | Change                           | Additio               |  |
| iave<br>iave                               | CORTESE, LUCIANO   | CAN DELETE                                      | 22 NAME                    |  | L. Chango                        |                       |  |
|  | 505 BEACHLAND BLVD.  |   | 2 3 STREET ADORESS         |  |                                  |                       |  |
| FREET ADDRESS                              | VERO BEACH FL  |   | 2 4 CITY-ST-ZIP            |  |                                  |                       |  |
| ny stale<br>Me                             | VETTO DONOTTIE   | DELETE  | 3.1 TITLE                  |  | Change                           | Additio               |  |
| AMI  |  |   | 3.2 NAME                   |  |                                  |                       |  |
| TREET ADDRESS.                             |  |   | 3.3 STREET ADDRESS         | <u> </u>   |                                  |                       |  |
| FIY - S1 - ZIP                             |  |   | 3.4. CITY-ST-ZIP           |  |                                  |                       |  |
| TILE                                       |  | DELETE  | 4.1 TITLE                  | 4  | Change                           | Additio               |  |
| AME  |  |   | 4. 2 NAME                  |  |                                  |                       |  |
| STREET ADDRESS                             |  |   | 4.3 STREET ADDRESS         |  |                                  |                       |  |
| 1¥ - ST - ZIP                              |  |   | 4.4 CITY~ST-ZIP            |  |                                  |                       |  |
| 1111                                       |  | DELETE  | 5.1 TITLE                  |  | ☐ Change                         | Additio               |  |
| LAME .                                     |  |   | 5.2 NAME                   |  |                                  |                       |  |
| STREET ADDRESS                             |  |   | 5.3 STREET ADDRESS         |  |                                  |                       |  |
| Uty St. ZP                                 |  |   | 5 4 CITY-ST-ZIP            |  |                                  |                       |  |
| I!L <b>F</b>                               |  | DELETE  | 6.1 TITLE                  |  | Change                           | Addilio               |  |
| NAMI                                       |  | \   | 6.2 NAME                   |  |                                  |                       |  |
|  |  |   | 6.3 STREET ADDRESS         |  |                                  |                       |  |
| STEEL ADORESS                              |  | <b>.</b>  | _                          | ,  |                                  |                       |  |
| STEEL LADORESS<br>COLY-ST-ZIP              |  |   | 6.4 CITY - ST - ZIP        | stated in Section 119.07(3)(i), Florida Statuti<br>d that my signature shall have the same leg<br>report as required by Chapter 607, Florida |                                  |                       |  |