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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J80749

(1)

1. Corporation Name

A & G APPLIANCES AND AIR CONDITIONING REPAIR, INC.
C.

Principal Place of Business

C/O BRUCE A. MITCHELL ESQ.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

Mailing Address

~~C/O BRUCE A. MITCHELL ESQ.~~
~~1825 S. RIVERVIEW DR.~~
~~MELBOURNE FL 32901-4711~~

3400 Harlock Rd
Melbourne, FL 32934

2. Principal Place of Business

21 3400 Harlock Rd

Suite, Apt. #, etc.

22 Melbourne

City & State

23 FL. Melbourne

Zip

24 32934

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

3. Date Incorporated or Qualified

06/30/1987

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2824003

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

B1

Name

Victor S. Kostro

B2

Street Address (P.O. Box Number is Not Acceptable)

1825 S. Riverview Dr

B3

George Kanazeh, 3400 Harlock Rd.

B4

City

Melbourne

FL

05

Zip Code

32934

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 appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PST
NAME
KANAZEH, GEORGE K.
STREET ADDRESS
3400 HARLOCK RD.
CITY-ST-ZIP
MELBOURNE FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

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CITY-ST-ZIP

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TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

George Kanazeh

Date

Daytime Phone

0000019

CR2E034 (9/96)