FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 31 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K75964 (2)

1. Corporation Name
APPLE APPLIANCE, INC.

Principal Place of Business	Mailing Address
6687 NW 16 TERR FT. LAUDERDALE FL 33309	6687 NW 16 TERR FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1989
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business	2a. Mailing Address
21 1020 NW 51 ST.	26 1020 NW 51 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft. Lauderdale, Fl	28 City & State: Ft. Lauderdale, Fl.
24 Zip: 33309 25 Country: Broward	29 Zip: 33309 30 Country: Broward

4. FEI Number: 65-0190863 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOFFMAN, ROBERT 6687 NW 16 TERRACE FT. LAUDERDALE FL 33309	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] DATE: 6/30/95
Signature required or printed name of current agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	HOFFMAN, STEVEN	12 NAME	
STREET ADDRESS	6687 NW 16 TERRACE	13 STREET ADDRESS	1020 NW 51 St
CITY ST ZIP	FT. LAUDERDALE FL 33309	14 CITY ST ZIP	Ft. Lawd, Fl. 33309
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HOFFMAN, ROBERT	22 NAME	
STREET ADDRESS	6687 NW 16 TERRACE	23 STREET ADDRESS	1020 NW 51 St.
CITY ST ZIP	FT. LAUDERDALE FL 33309	24 CITY ST ZIP	Ft. Lawd, Fl. 33309
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	HOFFMAN, DARREN	32 NAME	
STREET ADDRESS	6687 NW 16 TERRACE	33 STREET ADDRESS	1020 NW 51 St.
CITY ST ZIP	FT LAUDERDALE FL 33309	34 CITY ST ZIP	Ft. Lawd, Fl. 33309
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: [signature] 6/30/95 305-493-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210051 CP