

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

APPROVED
AND
FILED

50 MAY - JUN 1 1994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995
5-1-95

5914
5913

DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K94787** (4)
CORAL SPRINGS APPLIANCE REPAIR, INC.

Principal Officer (President) **MICHAEL J. FONTANETTA**
7892 WILES ROAD
CORAL SPRINGS FL 33067
US

Mailing Address **MICHAEL J. FONTANETTA**
7892 WILES ROAD
CORAL SPRINGS FL 33067
US

2. Date of Last Report: 06/09/1989
3a. Date of Last Report: 07/11/1994

21. State of Incorporation: FL
26. Mailing Address: 7892 WILES ROAD, CORAL SPRINGS, FL 33067

22. State Agent: []
27. State Agent: []

23. City & State: []
28. City & State: []

24. [] 25. [] 29. [] 30. []

4. Fil Number: 65-0130873

5. Certificate of Status Request: \$8.75 Additional Fee Required

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

6. This corporation has liability for ad valorem tax under s. 199.04, Florida Statute: Yes No

9. Name and Address of Current Registered Agent
FONTANETTA, MICHAEL J.
7892 WILES ROAD
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81. Name: []
82. Street Address (P.O. Box Number, Not Acceptable): []
83. City: []
84. City: [] FL 85. Zip Code: []

I, the undersigned, in compliance with Sections 607.01 and 607.1508, Florida Statute, the above named corporation, solemnly, this statement for the purpose of changing its registered office to the address listed on Form 1200 in the State of Florida. Such change was authorized by the corporation's Board of Directors, if any, or by the appropriate registered agent. I am hereby sworn to and accept the responsibility for the same under Florida Statute.

SIGNATURE: *Michael J. Fontanetta* (Signature of Current Registered Agent)
SIGNATURE: _____ (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

1. NAME	D FONTANETTA, MICHAEL J.
2. STREET ADDRESS	7892 WILES ROAD
3. CITY & STATE	CORAL SPRINGS FL
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	[] Change [] Addition
2. STREET ADDRESS	[] Change [] Addition
3. CITY & STATE	[] Change [] Addition
4. NAME	[] Change [] Addition
5. STREET ADDRESS	[] Change [] Addition
6. CITY & STATE	[] Change [] Addition
7. NAME	[] Change [] Addition
8. STREET ADDRESS	[] Change [] Addition
9. CITY & STATE	[] Change [] Addition
10. NAME	[] Change [] Addition
11. STREET ADDRESS	[] Change [] Addition
12. CITY & STATE	[] Change [] Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct and that my signature shall have the same legal effect as if made under oath. I am hereby sworn to and accept the responsibility for the same under Florida Statute, and that my name appears on this filing as required by Florida Statute.

SIGNATURE: *Michael J. Fontanetta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL J. FONTANETTA GRES

4/27/95 (805) 752-4255