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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K97725 1. Corporation Name

UNITED SERVICE AND APPLIANCE, INC.

Principal Plac	ce of Business	Mailing Addr	ress				AIL BEATH DIBE DIVIN	
% MICHAEL OSBORNE 1923 N. WICKHAM ROAD. SUITE 130		% MICHAEL (1923 N. WICH	% MICHAEL OSBORNE 1923 N. WICKHAM ROAD. SUITE 130			DO NOT WEITE IN T	U0 00405	
MELBOURNE FL 32935 MELBOURNE FL 32935			FL 32935			DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE	· —
						06/23/1989		
2. Principal F	Place of Business	2a. Mailing A	Address			4, FEI Number	Ab	plied For
21		26				59-2958787	⊢	t Applicable
Suite, Apt.	. #, etc.	Suite, Ap	ot. #, etc.				\$8.75	
22	•	27	_			5. Certifcate of Status Desired	Fee Re	
- City & Sta	ite	City & St	tate			6. Election Campaign Financing	\$5.00	Mav Be
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible	
24	25	29]30	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Age	<u>ent</u>	81	N	10. Name and Address of New Register	ed Agent	
OSE	BORNE, MICHAEL	•		*1	Name			
	3 N. WICKHAM RD	"· , , • *		82	Street Add	dress (P.O. Box Number is Not Acceptable)	•	
	TE 130			83				
	LBOURNE FL 32935			83				
******				84	City		. 85 Zip C	ode
	er to to the contract of the c			l i		F		
14" Directors	to the provinces of Continue 607 Of		Incide Ctetutes	the above		sportion automita this statement for the survey of		
office or i	registered agent, or both, in the Stat	te of Florida. Such cl	hange was auth	norized by t	the corporat	rporation submits this statement for the purpose tion's board of directors, I hereby accept the ap	or changing its pointment as reg	registered gistered
office or i	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such cl	hange was auth	norized by t	the corporat	rporation submits this statement for the purpose tion's board of directors, I hereby accept the ap	or changing its pointment as req	registered gistered
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SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A D OSBORNE, MICHAEL 4480 CANARD RD	te of Florida. Such of gations of, Section 6 gent and title if applicable. ND DIRECTORS	hange was auth 607.0505, Florida (NOTE: Re	orized by a Statutes. oristered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	the corporat	red when reinstating) DATE	pointment as req	gistered RS IN 12
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90024 043 ***150.00