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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L07713 (5)

1. Corporation Name  
OTTO'S APPLIANCE SALES, AND SERVICE, INC.



Principal Place of Business Mailing Address  
4922 73RD AVE. N. 4922 73RD AVE. N.  
PINELLAS PARK FL 34665 PINELLAS PARK FL 33781-4442

3. Date Incorporated or Qualified 08/07/1989 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-2965025 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

MCFADDEN, MICHAEL K.  
200 CLEARWATER-LARGO ROAD  
LARGO FL 34640

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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE DPT 1.1 TITLE  
NAME VOSKIAN, ARTHUR M. 1.2 NAME  
STREET ADDRESS 2214 LAUREN DR. 1.3 STREET ADDRESS  
CITY-ST-ZIP LARGO FL 1.4 CITY-ST-ZIP  
TITLE DVS 2.1 TITLE  
NAME TEMPLE, STEPHEN A. 2.2 NAME  
STREET ADDRESS 1128 24TH AVENUE NORTH 2.3 STREET ADDRESS  
CITY-ST-ZIP ST. PETERSBURG FL 2.4 CITY-ST-ZIP  
TITLE 3.1 TITLE  
NAME 3.2 NAME  
STREET ADDRESS 3.3 STREET ADDRESS  
CITY-ST-ZIP 3.4 CITY-ST-ZIP  
TITLE 4.1 TITLE  
NAME 4.2 NAME  
STREET ADDRESS 4.3 STREET ADDRESS  
CITY-ST-ZIP 4.4 CITY-ST-ZIP  
TITLE 5.1 TITLE  
NAME 5.2 NAME  
STREET ADDRESS 5.3 STREET ADDRESS  
CITY-ST-ZIP 5.4 CITY-ST-ZIP  
TITLE 6.1 TITLE  
NAME 6.2 NAME  
STREET ADDRESS 6.3 STREET ADDRESS  
CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

Date

813 544 0572

Daytime Phone #

0383826

CR2E034 (9/96)