FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LO8044 (4)

SKAGGS T.V. AND APPLIANCE OF STUART, FLORIDA, IN

Principal Place of Business

Mailing Address

FILED May 14 1997 8:00am Secretary of State



1801 N US 1 501 S. FIFTH S FT PIERCE FL US		1801 N US 1 501 S. FIFTH ST FT PIERCE FL 34946-1458 US				3. Date Incorporated or Qualified 08/07/1989 4. FEI Number	3a. Date of 06/25/1	
21 1801 N US H 1 26 SAME						05 0045000		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #	, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & Ster	1820E 4WA.	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip Country Zip 24 25 USA 29			30	Country 8. This corporation has fiability for intangible tax unit Florida Stalutes Yes No)		
VAN	9. Name and Address of Curre IE, MICHAEL B. III	nt Registered Agent		81	Name	10. Name and Address of New Rec	istered Agen	<u>t</u>
	S. FIFTH ST							
	PIERCE FL 34950				Street Add	ress (P.O. Box Number is Not Acceptable	e)	
				83				
				84	City		FL 85	Zip Code
agent. I a SIGNATURE	am familiar with, and accept the oblig	gations of Section 607	.0505, Florida (NOTE: Regis	Statutes.		tion's board of directors. I hereby acception's board of directors. I hereby acception with reinstating.	DATE	
12.	OFFICERS AN	ID DIRECTORS		13. 130E		ADDITIONS/CHANGES TO OFFIC		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	KANE, MICHAEL B., III 501 S. FIFTH ST FT. PIERCE FL	<i></i> •	1	2 NAME 3 STREET AT 4 CHY-S1-	i		<u>.</u>	marige Aud-(tot)
TITLE			ELETE 2	1 WILE				hange Addition
NAME				2 NAME				
STREET ADDRESS CITY-ST-ZIP				3 STREET AL 4 COLY-S1-	1			
TITLE				4 (011-31- (1 1011				Change Addition
NAME			3	.2 NAME				
STREET ADDRESS			3	.3 STREET AE	DDRESS			
CITY-ST-ZIP				.4. CITY - ST-	2(F)			hanna Takari
TITLE NAME		LJ ₽		.1 TITLE . 2 NAME			ו_ ו	Change L. Addition
STREET ADDRESS				. 2 NAME .3 STREET AL	IDRESS			
CITY-ST-ZIP				.4 CITY-S1-				
TITLE				1 III.E				Change Addition
NAME			į	2 NAME				
STREET ADDRESS				,3 STREET AD	ODHESS			
CITY-ST-ZIP	P			4 CITY - ST -	ZIF			
TITLE .		□ 0	FLETE 6	1 THLE				Change 🔲 Addition
NAME			1 6	.2 NAMê				
STREET ADDRESS				3 STREET AL	DDRESS			
					1			

Imminiation 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 only an an officer or director of the corporation or the receiver or trusted 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.

4/12/2

561-464-3811