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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L35317 (1)**

1. Corporation Name

**STUART'S MAJOR APPLIANCES & AIR CONDITIONING, IN C.**

Principal Place of Business

9233 SW 8TH STREET #112  
BOCA RATON FL 33428

Mailing Address

9233 SW 8TH STREET #112  
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/06/1989</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>65-0161330</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>9836 SANDALFOOT BLW</b>	2a. Mailing Address 26 <b>9836 SANDALFOOT BLW</b>
Suite, Apt. #, etc. 22 <b>B</b>	Suite, Apt. #, etc. 27 <b>B</b>
City & State 23 <b>BOCA RATON FL</b>	City & State 28 <b>BOCA RATON FL</b>
Zip 24 <b>33428</b>	Country 25 <b>Palm Beach</b>
Zip 29 <b>33428</b>	Country 30 <b>Palm Beach</b>

9. Name and Address of Current Registered Agent

**OAKNER, STUART P**  
**22340 GADELUPE**  
**SUITE E**  
**BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9233 SW 8 STREET</b>
83 #	<b>#112</b>
84 City	<b>BOCA RATON FL</b>
85 Zip Code	<b>33428</b>

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 **STUART P. OAKNER, PRESIDENT** DATE **1/13/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>
NAME	<b>OAKNER, STUART P.</b>
STREET ADDRESS	<b>22340 GADELUPE</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9233 SW 8 ST. #112</b>
1.4 CITY - ST - ZIP	<b>BOCA RATON FL 33428</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 118.07(3)(k), 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: **Stuart P. Oakner** DATE **1/13/95** **4074823574**  
Signature and typed or printed name of signing officer or director. (Typed Name)

**STUART P. OAKNER, PRESIDENT**