

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L67514 (4)

1. Corporation Name

PARADISE APPLIANCE REPAIR, INC.



Principal Place of Business

% THOMAS M. LALOR JR.
2504 E 11TH ST
LEHIGH ACRES FL 33936
US

Mailing Address

% THOMAS M. LALOR JR.
2504 E 11TH ST
LEHIGH ACRES FL 33936
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/20/1990

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0189212

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

10. Name and Address of New Registered Agent

**LALOR, CYNTHIA S.
2504 E 11TH ST
LEHIGH ACRES FL 33936**

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

Cynthia S. Lalor

Director

Cynthia S. Lalor

4/8/96

Signature typed or printed name of registered agent and fee payable

(If Officer or Registered Agent Signature, require when record filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LALOR, THOMAS M JR	
STREET ADDRESS	2210 SAFE HARBOUR CT	
CITY- ST- ZIP	ALVA FL	
TITLE	D	☐ DELETE
NAME	LALOR, CYNTHIA S.	
STREET ADDRESS	2210 SAFE HARBOUR CT	
CITY- ST- ZIP	ALVA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☒ Change ☐ Addition
2. NAME	Thomas M. Lalor Jr	
3. STREET ADDRESS	2504 E 11th St.	
4. CITY- ST- ZIP	Lehigh Acres FL 33936	
5. TITLE	D	☒ Change ☐ Addition
6. NAME	Cynthia S. Lalor	
7. STREET ADDRESS	2504 E 11th St.	
8. CITY- ST- ZIP	Lehigh Acres FL, 33936	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY- ST- ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY- ST- ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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 119.07(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:

Cynthia S. Lalor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

941368-6171

DATE

REGISTERED OFFICE #

CR2E034 (12/95)