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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M99775

101

1. Corporation Name B&L T.V. & APPLIANCE SERVICE, INC. Principal Place of Business Mailing Address 3376 LAKE WORTH ROAD LAKE WORTH FL 33461 LAKE WORTH FL 33461										
US		US				Date incorporated or Qualified				
Principal Pl	lace of Business	2a. Mailing Address	· 			09/22/1988 4. FEI Number			05/01/1	<u>9</u> 95
		26				65-0075430			_	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							€ ₽ :	Not Applicable 75 Additional
Ct. 8 Dt.4		27				5. Certificate of Status	Desired			e Required
City & State	е	Orty & State				6. Election Campaign F				00 May Be
Zip	Country	Zip	T 0-			Trust Fund Contribut			Add	led to Fees
	25	29	30	intry		8. This corporation has	liability for	intangible	tax under	s 199.032,
	9. Name and Address of Curre	nt Registered Agent)		Florida Statutes 10. Name and Address		No.	d Assaul	
				81	Name		CITION	10 Bistoie	o Agent	
YEATTS	, BOBBY			82	Street Addre	ess (P.O. Box Number is No	+ Appostal	.)_\		
3376 LA	KE WORTH ROAD				——		oie)			
LAKE W	ORTH FL 33461			83		· · · · · · · · · · · · · · · · · · ·				
			j	84 (City				les I	7-0-1
Pursuant t	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	3 J 003 Jeon E						F		Zip Code
NATURE WIL	in, and accept the obligations of, Sect	tion 607.0505, Florida Statutes	i.	corpora	ation's board	ation submits this statement d of directors. I hereby acce	pt the app	ointment a	as registere	ed agent. I am
SNATURE _	Signature, typed or printed name of registered again OFFICERS AN	tion 607,0505, Florida Statutes	i.			when reinstating:		DATE	as registere	ed agent. I am
GNATURE _	Signature, typed or printed name of registered agord OFFICERS AN	tion 607,0505, Florida Statutes	i. DTE: Registered .	Agent sig		a or oncolors. Thereby acce		DATE	as registere	ORS IN 12
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eath; 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Description Proces