


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90066 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N03378</u>					
1. Corporation Name High Point West Section 3 Appliance Service Association, Inc.					
Principal Place of Business Delray Beach			Mailing Address 14130-A Nesting Way Delray Beach, Fl. 33484		



2. Principal Place of Business 21 Same as above		2a. Mailing Address 26 Same as above		3. Date Incorporated or Qualified June 4, 1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2418003	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				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 617.0502 and 617.1508, 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 617.0503, 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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert Simon	1.2 NAME	
STREET ADDRESS	14079-A Nesting Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33484	1.4 CITY-ST-ZIP	
TITLE	Vice-President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee Chuzi	2.2 NAME	
STREET ADDRESS	14100-C Nesting Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33484	2.4 CITY-ST-ZIP	
TITLE	Secretary-Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Kaplan	3.2 NAME	
STREET ADDRESS	14130-A Nesting Way	3.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33484	3.4 CITY-ST-ZIP	
TITLE	Board Member <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milton Aronoff	4.2 NAME	
STREET ADDRESS	5140-A Nesting Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33484	4.4 CITY-ST-ZIP	
TITLE	Board Member <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anna Malaspina	5.2 NAME	
STREET ADDRESS	14040-C Nesting Way	5.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, Fl. 33484	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Albert Simon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-99
Date

561-495-0653
Daytime Phone #

CR2E037 (11/98)