

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 11 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # N36809 (4)**

1. Corporation Name  
**L.G. HOMEOWNERS APPLIANCE SERVICE, INC.**



Principal Place of Business	Mailing Address
4691 LUCERNE LKS BLVD STE 104 LAKE WORTH FL 33467 US	4691 LUCERNE LKS BLVD STE 104 LAKE WORTH FL 33467-3951 US

3. Date Incorporated or Qualified <b>02/27/1990</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0180973</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MORRISON, MABEL M</b> <b>4691 LUCERNE LKS BLVD</b> <b>STE 104</b> <b>LAKE WORTH FL 33467</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<i>Patrick Hayes</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VALLI, JOSEPH</b>	1.2 NAME	<i>4689 Lucerne Lks Blvd #202</i>
STREET ADDRESS	<b>4691 LUCERNE LKS BLVD #106</b>	1.3 STREET ADDRESS	<i>Lake Worth, Fl 33467</i>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<i>Anthony Soldano</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORRISON, MABEL</b>	2.2 NAME	<i>4702 Lucerne Lks Blvd - #204</i>
STREET ADDRESS	<b>4691 LUCERNE LKS BLVD #104</b>	2.3 STREET ADDRESS	<i>Lake Worth, FL 33467</i>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<i>Michael Mariani</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EDMONDS, MERRIE</b>	3.2 NAME	<i>4715 Lucerne Lks Blvd - #104</i>
STREET ADDRESS	<b>4699 LUCERNE LKS BLVD #106</b>	3.3 STREET ADDRESS	<i>Lake Worth, FL 33467</i>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE <i>Resigned</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISDOM, ARTHUR</b>	4.2 NAME	
STREET ADDRESS	<b>4689 LUCERNE LKS BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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.

SIGNATURE: *Joseph J. Valli* **JOSEPH J. VALLI** *3/6/97* **3/6/97** *561-965-7783* **561-965-7783**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044121

CR2E037 (9/96)