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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US4691 LUCERNE LKS BLVD
STE 104
LAKE WORTH FL 33467-3951
US3. Date Incorporated or Qualified
02/27/19903a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
65-0180973Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, MABEL M
4691 LUCERNE LKS BLVD
STE 104
LAKE WORTH FL 33467

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 P ☐ DELETE
NAME VALLI, JOSEPH
STREET ADDRESS 4691 LUCERNE LKS BLVD #106
CITY-ST-ZIP LAKE WORTH FL1.1 TITLE Patrick Hayes ☒ Change ☒ Addition
1.2 NAME 4689 Lucerne Lks Blvd #202
1.3 STREET ADDRESS Lake Worth, FL 33467
1.4 CITY-ST-ZIPTITLE ST ☐ DELETE
NAME MORRISON, MABEL
STREET ADDRESS 4691 LUCERNE LKS BLVD #104
CITY-ST-ZIP LAKE WORTH FL2.1 TITLE Anthony Soldano ☐ Change ☒ Addition
2.2 NAME 4702 Lucerne Lks Blvd - #204
2.3 STREET ADDRESS Lake Worth, FL 33467
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME EDMONDS, MERRIE
STREET ADDRESS 4699 LUCERNE LKS BLVD #106
CITY-ST-ZIP LAKE WORTH FL3.1 TITLE Michael Mariani ☐ Change ☒ Addition
3.2 NAME 4715 Lucerne Lks Blvd - #104
3.3 STREET ADDRESS Lake Worth, FL 33467
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME WISEDOM, ARTHUR
STREET ADDRESS 4689 LUCERNE LKS BLVD
CITY-ST-ZIP LAKE WORTH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. VALLI

3/6/97

561-965-7783

Date

Daytime Phone # 0044121

CR2E037 (9/96)