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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US

3. Date Incorporated or Qualified	02/27/1990
4. FEI Number	65-0180973
Applied For	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
MORRISON, MABEL M 4691 LUCERNE LKS BLVD STE 104 LAKE WORTH FL 33467	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	VALLI, JOSEPH
STREET ADDRESS	4691 LUCERNE LKS BLVD #106
CITY-ST-ZIP	LAKE WORTH FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	MORRISON, MABEL
STREET ADDRESS	4691 LUCERNE LKS BLVD #104
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EDMONDS, MERRIE
STREET ADDRESS	4699 LUCERNE LKS BLVD #106
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAYES, PATRICK
STREET ADDRESS	4689 LUCERNE LAKES BLVD #202
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SOLDANA, ANTHONY
STREET ADDRESS	4702 LUCERNE LAKES BLVD #204
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARIANI, MICHAEL
STREET ADDRESS	4715 LUCERNE LAKES BLVD #104
CITY-ST-ZIP	LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Joseph A. Valli - President*

CR2E037 (10/97)