

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90031 007 ****61.25

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DOCUMENT # N36809

1. Corporation Name

L.G. HOMEOWNERS APPLIANCE SERVICE, INC.Principal Place of Business
**4691 LUCERNE LKS BLVD
STE 104
LAKE WORTH FL 33467
US**Mailing Address
**4691 LUCERNE LKS BLVD
STE 104
LAKE WORTH FL 33467
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/27/1990

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 Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETETITLE **P**
NAME **VALLI, JOSEPH**
STREET ADDRESS **4691 LUCERNE LKS BLVD #106**
CITY-ST-ZIP **LAKE WORTH FL**TITLE **ST**
NAME **MORRISON, MABEL**
STREET ADDRESS **4691 LUCERNE LKS BLVD #104**
CITY-ST-ZIP **LAKE WORTH FL**TITLE **D**
NAME **EDMONDS, MERRIE**
STREET ADDRESS **4699 LUCERNE LKS BLVD #106**
CITY-ST-ZIP **LAKE WORTH FL**TITLE **D**
NAME **HAYES, PATRICK**
STREET ADDRESS **4689 LUCERNE LAKES BLVD #202**
CITY-ST-ZIP **LAKE WORTH FL**TITLE **D**
NAME **SOLDANA, ANTHONY**
STREET ADDRESS **4702 LUCERNE LAKES BLVD #204**
CITY-ST-ZIP **LAKE WORTH FL**TITLE **D**
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D VALLI, ERICA**
4.3 STREET ADDRESS **4691 LUCERNE LAKES BLVD**
4.4 CITY-ST-ZIP **LAKE WORTH, FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

Joseph J. Valli 3/4/99 561-965-7783