

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000012329 (7)**  
 1. Corporation Name  
**APPLIANCE REPAIRS BY JIM, INC.**



Principal Place of Business <b>% JAMES SALOMON          13111 S.W. 9TH COURT          DAVIE FL 33325</b>	Mailing Address <b>% JAMES SALOMON          13111 S.W. 9TH COURT          DAVIE FL 33325</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/11/1993</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0395003</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. Zip		25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29. Zip		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SALOMON, JAMES          13111 S.W. 9TH COURT          DAVIE FL 33325</b>				10. Name and Address of New Registered Agent	
				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALOMON, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>13111 S.W. 9TH COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALOMON, DONALD &amp; MARYL</b>	2.2 NAME	
STREET ADDRESS	<b>5803 SHIRLEY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILTZ, BRIAN AND LORI</b>	3.2 NAME	
STREET ADDRESS	<b>203 METZER STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JOHNSTOWN PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKELSON, TIM</b>	4.2 NAME	
STREET ADDRESS	<b>449 SEAWORTHY ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MEYERS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, PATTY AND GORD</b>	5.2 NAME	
STREET ADDRESS	<b>44 HASTING DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORCHARD PARK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKBURN, RUTH</b>	6.2 NAME	
STREET ADDRESS	<b>449 SEAWORTHY DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Salomon Date: March 5 1998 Davina Phone # 954-452-0823

CR2E034 (10/97)