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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000012329

1. Corporation Name

Dringing Place of Rusiness

APPLIANCE REPAIRS BY JIM, INC.

i inicipal i lacc	or pusitioss	manning / too.ooo			· ·		
% JAMES SALOMON 13111 S.W. 9TH COURT DAVIE FL 33325		% James Salomon 13111 S.W. 9TH Court Davie Fl. 33325			DO NOT WRITE IN THIS SPACE		
		DATE TE VOVES			3. Date Incorporated or Qualifed		-
					02/11/1993		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0395003	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 /	
22		27			5. Certificate of States Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	
		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		<i>-</i>
24	25	29 30	<u> </u>		Personal Property Tax.		ØNo
	9. Name and Address of Current	Registered Agent	-	T	10. Name and Address of New Register	red Agent	
CALONON IMPEC			81	Name			
SALOMON, JAMES 13111 S.W. 9TH COURT				Street	Address (P.O. Box Number is Not Acceptable)	early to	
DAVIE FL 33325					43.4	2.1	
DAV	E FL 33325		83			tioner in	
			84	City		85 Zip (Code
				'		<u> FL </u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	onzed by	tne con	d corporation submits this statement for the purpos poration's board of directors. I hereby accept the a	ppointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	AIOTE O	eistared App	nt nionatura	required when reinstating) DAT		·····
	OFFICERS AND		13.	ili signatore	ADDITIONS/CHANGES TO OFFICER		RS IN #2
TITLE	P	□ DELETE	1.1 TITLE		D .	☐ Change	Addition
NAME	SALOMON, JAMES		1.2 NAME		NICOLE Boundard	A	
1	13111 S.W. 9TH COURT		•	T ADDRESS	13111 SW 4 CH.		
STREET ADDRESS	DAVIE FL		1.4 CITY-9		Davie, fla 33325.		
CITY-ST-ZIP TITLE	DAVILTE	☐ DELETE	2.1 TITLE	31-2F	1 70	Change	Addition
	SALOMON, DONALD & MARYL		2.2 NAME		DeB & Carlos Prichard	l	_
NAME	5803 SHIRLEY DR			T ADDRESS	1023 Dover Circle		
STREET ADDRESS	PITTSBURGH PA				Sumten Se.	e Alicentina Alicentina	
CITY-ST-ZIP	D PILISBURGH FA	☐ DELETE	2.4 CITY-1	S1-ZIP	SUMTER S.C.	☐ Change	Addition
TITLE		- Deterie			•	_ , -	
NAME	HILTZ, BRIAN AND LORI 203 METZER STREET		3.2 NAME				
STREET ADDRESS				T ADDRESS		**	
CITY-ST-ZIP	JOHNSTOWN PA	DELETE	3.4. CITY-1 4.1 TITLE	ST-ZIP	14.	Change	Addition
TITLE	D TIM	DECETE				— ; ;	_,
NAME	NICKELSON, TIM		4 2 NAME				
STREET ADDRESS	449 SEAWORTHY ROAD			TADDRESS		We son	
CITY-\$T-ZIP	FT. MEYERS FL		4.4 CITY-5	ST-ZIP		Change	Addition
TITLE	D DATES DATES AND COOR	☐ DELETE	5.1 TTLE 5.2 NAME			=,•	LI AGGIGOTI
NAME	DAVIS, PATTY AND GORD			* +00000		. Cha	
STREET ADDRESS	44 HASTING DRIVE	/	1 1	T ADDRESS	1. OF \$44		
CITY-ST-ZIP	ORCHARD PARK NY		5.4 CITY-8	ST-ZIP		Change	Malakin -
TITLE	D	☑ DELETE	6.1 TITLE			Change	Addition
NIASIT	RIACKRUDN DUTH		6.2 NAME		·· 15 (p.	5. 14e a m	

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, with all other like empowered.

6.3 STREET AODRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BLACKBURN, RUTH

FT. MYERS FL

449 SEAWORTHY DRIVE

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90031 036 ***150.00