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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

P93000018950 (4)

A. WESLEY PARRISH APPLIANCES, INC.

						16 (1811) 1811 1811	
Principal Place of Business Mailing Address							
598 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060		598 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060					
t GMI NITO D	CAO. TE 40000				3. Date incorporated or Qualified 03/11/1993		Last Report /27/1995
2. Principal Place of Business		2a. Mailing Address		4, FEI Number		Applied For	
1		26		65-0400437 Not Applicab		Not Applicable	
Suite, Apt. #, etc.			Suite Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Z _I p	Country	Zip	Country		8. This corporation has liability for i	intangible tax i	under s. 199.032,
4	25	29	30			□No	
<u> </u>	9. Name and Address of Cu				10. Name and Address of New Registered Agent		
or registere familiar with	the provisions of Sections 607, diagent, or both, in the State of n, and accept the obligations of, signature, trend or protections for the sections for the section sections for the section	Florida, Such change was au Section 607.0505, Florida St	ithorized by the corpo	oranon's boo	ration submits this statement for the pur and of directors. I hereby accept the app	rvose of chang	85 Zip Code ging its registered office g stered agent. I am
		AND DIRECTORS I 13.		og taste trip	ADDITIONS/CHANGES TO OFF	ICERS AND E	IRECTORS IN 12
TITLE	D	DELETE 1 1 TITLE					Change 🔲 Addition
NAME	PARRISH, A. WESLEY	rrish, A. Wesley Jr.					
STREET ADDRESS	FAG F ATLANTIC DIVID		1.3 S1R5ET	ADCRESS			
CHY-ST-ZIP POMPANO BEACH FL 3306			14 CITY-ST Z:P				
TITLE		DELETE					Criange
NAME.			2.2 NAME				
STREET ADDRESS	rss		23STREE	ADORESS			
CITY-ST-ZIP			2.4 CITY - S	1 - ZiP			
TyTLE		DELET	E 3 1 TITLE				Change Addition
NAME			3.2 NAME	[

CRY-S1-ZIP

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on as attachment with an address

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

€ 3 STREET ADDRESS

5.4 CITY - \$1 - 2IP

4.4 CITY - ST- 2IP

3.4 C-TY - ST - Z P

4 1 TIELE

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE: ALLESLEY AUGUST SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

0/5/96 954943353

Change

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Change

■ Addition

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