Applied For

Fee Required

\$5.00 May Be

Added to Fees

□N≎

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000018950

Country

9. Name and Address of Current Registered Agent

25

PARRISH, A. WESLEY JR.

22

23

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Zip

City & State

A. WESLEY PARRISH APPLIANCES. INC.

| Principal Place of Business                       | Mailing Address                                   |  |
|---|---|--|
| 598 EAST ATLANTIC BLVD.<br>POMPANO BEACH FL 33060 | 598 EAST ATLANTIC BLVD.<br>POMPANO BEACH FL 33060 |  |
| 2. Principal Place of Business                    | 2a. Mailing Address                               |  |
| Suite Ant # etc                                   | 26 Suite Ant # etc                                |  |

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Zip

City & State

## Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90136 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

03/11/1993 4. FEI Number

65-0400437

| NAME   | - 1         |
|--|-------------|
| 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 register of egistered 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    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   | $\neg$      |
| 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 register 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  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE  NAME  PARRISH, A. WESLEY JR.  12 NAME  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  POMPANO BEACH FL 33060  DELETE  1.1 TITLE  1.2 LAME  1.4 CITY-ST-ZIP  Change  A  Change  Change  A  Change  Cha |             |
| 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    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE   | ·           |
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| CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4 Learning and the thin information countries countried with this filling does not qualify for the exemption stated in Section 119 07/3Vi). Florida Statutes I further certify that the information countries countries countries countries and the information countries countries countries and the information countries countries and the information countries are considered with this filling does not qualify for the exemption stated in Section 119 07/3Vii). Florida Statutes I further certify that the information countries countries are considered with this filling does not qualify for the exemption stated in Section 119 07/3Vii).   |             |

Country

81 Name

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r nereby 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 chan