5-15-91

5-15-97 B - 1337 M FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000041130 (4)

AA APPLIANCES AND FURNITURE, INC.

t am an officer or director of the corporation appears in Block 12 or Block 13/1 charged.

SIGNATURE

Principal Place of Business 5980 66TH STREET N. UNIT U		Ma	Mailing Address 5980 66TH STREET N. UNIT U ST. PETERSBURG FL 33709-1508				i indines na imin tilli anni ndini mani amii amii tildi ilad ilina ilin mali ilai			
ST. PETERSBU	RG FL 33709	81.	. PETENSBUNG PL 33	5/URJ-1 (J	U6		3. Date Incorporated or Qualified 06/04/1993		ite of Last F 04/1996	leport
2. Principal P	ace of Business	28.	Mailing Address			**** **	4. FEI Number	1, 33.		oplied For
21		26					59-3189016		N	ot Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27					p. Certificate or Status Desired		Fee R	equired
City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28		 -		- 	Trust Fund Contribution			to Fees
Zip	Country	<u> </u>	Zip		Country		8. This corporation has liability for			i. 1 9 9. 03 2,
24	25	29		30			Florida Statutes 10. Name and Address of New	Yes [
	9. Name and Address of Curr	ent Hegis	tered Agent		61	Name	to, Name and Address of New	John Colors	Agent	
	STIN, JERRY S JR				"	INGINE				
	66TH STREET N.				82	Street A	ddress (P.O. Box Number is Not Accep	able)		
UNI					83			· · · · · · · · · · · · · · · · · · ·		
\$1.	PETERSBURG FL 33709				"					
					84	City		FL	85 Zip	Code
44 5	0.70		oz (FOO Fleside Cial		ha abau	nomad	corporation submits this statement for the		obencina i	te registered
office or r	egistered agent, or both, in the Sta	te of Flori	da. Such change wa	ioles, i	orized by	the corp	oration's board of directors. I hereby acc	ept the app	ointment as	registered
agent. La	กรัfamiliar with, and accept the obt	igations o	f, Section 607.0505,	Florida	s Statute:	3.				
SIGNATURE	Signature, typed or printed name of registered a		9 A	OTC. Do	gisland An	nd elegature	required when reinstating)	DATE		
12.	OFFICERS A			CIE. ne	13.	nii sigi aidre i	ADDITIONS/CHANGES TO OF		DIRECTO	AS IN 12
TITLE	D	arb birter	DELETE		1.1 TITLE	T			Change	Addition
NAME	GUSTIN, JERRY S JR				1.2 NAME	ļ				
STREET ADORESS	5980 66TH STREET N., UNIT	ľU			1.3 STREET	ADDRESS				
CITY-SI-7IP	ST. PETERSBURG FL 33709				1.4 C/TY-5	ST-ZIP				
			DELETE	_1	2.1 TITLE				find comings	C
NAME					2.2 NAME	ĺ				
STREET ADDRESS					2.3 STREET	ADDRESS				
C(*Y+S1+7)P					2. 4 CITY-	ST-ZIP				1 4 4 695
THE			☐ DELETE		3.1 TITLE	l			L Change	Addition
NAME					3.2 NAME	İ				
STREET ADDRESS				ı	3.3 STREE	ADDRESS				
CITY-S1-ZIP			1 65.500		3.4. City-	SY-ZIP			Change	Addition
TITLE			☐ DELETE		4.1 TITLE	1			ETT CHRIBE	LJ AZOIIDI
NAME					4. 2 NAME					
STREET ADDRESS						ADDRESS				
CITY - S1 - ZIP			DELETE		4.4 CiTY-	51 - ZIP			Change	Additio
TITLE			ביין הברבוב		5.1 TITLE				المالية والمالية	
MAME					5.2 NAME	Anneron				
STREET ADORESS						ADDRESS				
City - \$1 - 7#			DELETE		5.4 CITY -	51-ZIP			Change	Addition
TITLE			L'1 AETE IE		B.1 T∤TLE				- Overigo	/ HQ11101
NAM?					6.2 NAME					
STREET ADDRESS						T ADDRESS				
ELIN OF THE	I			1	KACITY-	SI-7IP				

14. I do 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