

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000008267 (4)

1. Corporation Name

AFTER 5IVE APPLIANCE SERVICE, INC.



Principal Place of Business

12788 W. FOREST HILL BLVD.
SUITE 2005
WELLINGTON FL 33414

Mailing Address

12788 W. FOREST HILL BLVD.
SUITE 2005
WELLINGTON FL 33414

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0467302

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 214 Parkwood Dr. S.

Suite, Apt. #, etc.

2a. Mailing Address

26 12798 W. Forest Hill Blvd.

Suite, Apt. #, etc.

City & State

23 Royal Palm Bch

Zip

FL

Country

33411

City & State

27 Suite 204

Zip

33414

Country

Palm Beach

9. Name and Address of Current Registered Agent

SPILLANE, J P
12788 W. FOREST HILL BLVD.
SUITE 2005
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name F. David Teets, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

12798 W Forest Hill Blvd.

83 Suite 204

84 City Wellington

FL

85 Zip Code 33414

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

F. David Teets, CPA

(Print Name of Registered Agent Signature Required When Registering)

DATE

4/22/94

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DORFMAN, DONALD
STREET ADDRESS 941 ROYAL PALM BEACH BLVD.
CITY-ST-ZIP ROYAL PALM BEACH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☐ Change ☒ Addition

1.2 NAME MARTHA O DORFMAN
1.3 STREET ADDRESS 214 PARKWOOD DR. S.
1.4 CITY-ST-ZIP ROYAL PALM BCH. FL. 33411

2.1 TITLE DPS ☒ Change ☐ Addition

2.2 NAME DONALD DORFMAN
2.3 STREET ADDRESS 214 PARKWOOD DR. S.
2.4 CITY-ST-ZIP ROYAL PALM BCH. FL. 33411

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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:

Martha Dorfman Martha Dorfman

4-22-96

407-798-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)