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Mar 31, 1999 8:00 am
Secretary of State

0423646

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044550
1. Corporation Name STATEWIDE APPLIANCE, INC.

Principal Place of Business 417 18TH AVE INDIAN ROCKS BEACH FL 33785 US
Mailing Address 417 18TH AVE INDIAN ROCKS BEACH FL 33785 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21
2a. Mailing Address 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29 30

3. Date Incorporated or Qualified 06/15/1994
4. FEI Number NOT APPLICABLE 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
WALLACE, FRANK
417 18TH AVE
INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes.

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.

SIGNATURE: [Signature] 3-26-99 (727) 596-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)