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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000057511 (5)

QUALITY APPLIANCE SERVICE & PARTS, INC.

Mailing Address Principal Place of Business 1875 NW 108TH AVENUE 12864 BISCAYNE BLVD **SUIET 231** PLANTATION FL 33322-6431 NORTH MIAM! FL 33181 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1994 08/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0519879 Not Applicable 1875 NW 1087H. HOS 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Election Campaign Financing \$5.00 May Be GOTATION. Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAER, ROGER C 1875 NW 108TH AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 City 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, typed or per big runne of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 11 TITLE TITLE BAER, ROGER C CR2E034 12 NAME NAME 1875 NW 108TH AVE 1.3 STREET ADDRESS STREET ADDRESS **PLANTAION FL** 1.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP DELETE Change ■ Addition 3.1 TELE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-S1-ZIP DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY- \$1-20 ☐ DELETE Change Addition THUE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DEFELE Change ___ Addition 6.1 TIFLE THE NAME 6.2 NAME

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 path; 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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

C. July Polh C. Byar AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

May 06 1997 8:00am

Secretary of State

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