## 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 # P94000080265

1. Corporation Name

ĺ	Principal Place of Business
	6156 SW STATE RD 200 OCALA FL 34476
1	US

## **FILED** Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90035 027 \*\*\*150.00

AMERICA	an appliances of oca	LA, INC.							
Principal Place	e of Business	Mailing Address					IEIIE ONIO EIOI		
6156 SW STATE		6156 SW STATE RD 200							
OCALA FL 3447		OCALA FL 34476					00105	•	
US		US				DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualife	<b>2</b> 0			
2 Oringinal D	lace of Business	2a. Mailing Address			10/28/1994 4. FEI Number			pplied For	
·	lace of business	·			59-3276083			ot Applicable	1
Suite, Apt.	# etc	26 Suite, Apt. #, etc.			39.3210003		<del></del>	Additional	ŀ
22	,,, 0.0.	27			5. Certifcate of Status Desired			equired	
City & Stat	e	City & State			6. Election Campaign Financin	ig	\$5.00	May Be	l
23		28			Trust Fund Contribution	" <sup>*</sup> 🗆		to Fees	
Zip	Country	Zip	Country	4	8. This corporation owes the c	urrent year Int	angible		
24	25	29	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of Nev	v Registered	Agent		
000	OO DONNIE		81	Name					
	ISS, BONNIE ISSW STATE RD 200		82	Street Add	dress (P.O. Box Number is Not Acce	ptable)			
	LA FL 34476		-		**************************************		10.1 Date 100	- 347 S47 723	
UUA	LA FL 344/0		83			加拉斯			
			84	City			85 Zip	Code	1
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the State of Agrillar with and accept the obline	502 and 607.1508, Florida Statut te of Florida. Such change was all	es, the above uthorized by	re-named cor the corporat	rporation submits this statement for t tion's board of directors. I hereby ac	he purpose of cept the appoi	changing it ntment as n	s registered egistered	
11. Pursuant office or ragent. I a SIGNATURE	M ramiliar with, and accept the obli-	gent and title if applicable. (NOTE	nga Statutes	5.	red when reinstating)  ADDITIONS/CHANGES TO	DATE	ID DIRECTO	ORS IN 12	
agent. I a	Signature, typed or printed name of registered a  OFFICERS A	gations of, Section 607.0505, Fiol	Registered Age	5.	ired when reinstating)	DATE			
signature	Signature, typed or printed name of registered a  OFFICERS A  D  VELTEN, THOMAS	gent and title if applicable. (NOTE	Registered Age 13. 1.1 TITLE 1.2 NAME	5.	red when reinstating)  ADDITIONS/CHANGES TO	DATE	ID DIRECTO	ORS IN 12	
SIGNATURE  12.	Signature, typed or printed name of registered a OFFICERS A  D  VELTEN, THOMAS  6156 SW STATE RD 200	gent and title if applicable. (NOTE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ont signature requir	red when reinstating)  ADDITIONS/CHANGES TO	DATE	ID DIRECTO	ORS IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A  D VELTEN, THOMAS 6156 SW STATE RD 200 OCALA FL	gent and bite if applicable. (NOTE AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	ont signature requir	red when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	ORS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered a OFFICERS A  D VELTEN, THOMAS 6156 SW STATE RD 200 OCALA FL D	gent and title if applicable. (NOTE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature requir	red when reinstating)  ADDITIONS/CHANGES TO	DATE	ID DIRECTO	ORS IN 12	
SIGNATURE  12.  11ILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered a OFFICERS / D VELTEN, THOMAS 6156 SW STATE RD 200 OCALA FL D GROSS, BONNIE	gent and bite if applicable. (NOTE AND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature requir	red when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	ORS IN 12	
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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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #