

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000081580 (0)**

1. Corporation Name

**THE APPLIANCE DOCTOR, INC.**



Principal Place of Business

**6815 NW 9 ST.  
MARGATE FL 33063**

Mailing Address

**P.O. BOX 770572  
CORAL SPRINGS FL 33077-0572**

2. Principal Place of Business

2a. Mailing Address

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

25

Zip

**26**

29

Country

**27**

28

City & State

**28**

30

Country

9. Name and Address of Current Registered Agent

**MANNS, JAMES  
6815 NW 9 ST.  
MARGATE FL 33063**

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

*James Manns*

Signature of Registered Agent or Person Designated to Receive Service of Process

DATES

*4/26/96*

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D**

DELETE

NAME

**MANNS, JAMES**

STREET ADDRESS

**6815 NW 9 ST.**

CITY-ST-ZIP

**MARGATE FL 33083**

TITLE

DELETE

NAME

STREET ADDRESS

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:**

*James Manns*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dates

*4/26/96 (954)  
480-4591*

CR2E034 (12/95)