

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000085601 (0)**

1. Corporation Name
AROUND THE CLOCK APPLIANCE, INC.



Principal Place of Business
**17000 N.W. 87 AVENUE
SUITE 117
MIAMI LAKES FL 33015**

Mailing Address
**17000 N.W. 87 AVENUE
SUITE 117
MIAMI LAKES FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/23/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0536000		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		☐	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		☐ Yes ☐ No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

**PLASENCIA, BELGRABE
17000 N.W. 87 AVENUE
SUITE 117
MIAMI LAKES FL 33015**

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

12. OFFICERS AND DIRECTORS		3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PLASENCIA, BELGRABE 17000 N.W. 87 AVENUE, SUITE 117 MIAMI LAKES FL 33015	1 TITLE	
NAME		2 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		1 CITY-ST-ZIP	
TITLE	S MARRERO, SANDRA 220 E. 53 STREET HIALEAH FL 33013	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		1 CITY-ST-ZIP	
TITLE	M ARBOLEDA, JANE 17000 N.W. 87 AVENUE, SUITE 117 MIAMI LAKES FL 33015	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		1 CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		1 CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		1 CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		1 CITY-ST-ZIP	

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.

CR2E034 (10/97)