

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000009056 (9)

1. Corporation Name

A-BESTO APPLIANCE & REFRIGERATION REPAIR, INC.

Principal Place of Business

Mailing Address

1266 COLCORD AVE NO 9
JACKSONVILLE FL 32211

1266 COLCORD AVE NO 9
JACKSONVILLE FL 32211



3. Date Incorporated or Qualified

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 1715 Penman Rd Jacksonville Bch Florida 32250

2a 1715 Penman Rd Jacksonville Bch Florida 32250

22 Jacksonville Bch Florida 32250

2a Jacksonville Bch Florida 32250

23 Jacksonville Bch Florida 32250

2a Jacksonville Bch Florida 32250

24 Jacksonville Bch Florida 32250

2a Jacksonville Bch Florida 32250

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2a Jacksonville Bch Florida 32250

29 Jacksonville Bch Florida 32250

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30 Jacksonville Bch Florida 32250

2a Jacksonville Bch Florida 32250

9. Name and Address of Current Registered Agent

BODIN, KIM
1266 COLCORD AVE NO 9
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name Kim Bodin
82 Street Address 1425 BUCKNOLL COVE
83 Neptune Bch. FL.
84 City
85 FL 32266

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

Kim Bodin

(NOTE: Registered Agent Signature is required when resigning.)

10-6-96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BODIN, KIM	
STREET ADDRESS	1266 COLCORD AVE NO 9	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	Change	Addition
1.2 NAME	KIM BODIN		
1.3 STREET ADDRESS	1425 BUCKNOLL COVE		
1.4 CITY-ST-ZIP	NEPTUNE BCH., FL 32266		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kim Bodin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-96 247-9665

CR2E034 (3/96)