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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000012019 (2) DOCUMENT # STEVE'S APPLIANCE, INC. Principal Place of Business Mailing Address 4611 S.W. 12TH COURT 4611 S.W. 12TH COURT FT. LAUDERDALE FL 33317 FT. LAUDERDALE FL 33317 3. Date Incorporated or Qualified 3a. Date of Last Report 02/13/1995 Applied For 2, Principal Place of Business 2a, Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Country Zip Zip Country 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) 82 TAROFF, STEVEN P 4611 S.W.1 2TH COURT 83 FT. LAUDERDALE FL 33317 City 85 Zip Code 84 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

SIGNATURE Steven /ret_(NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ■ Addition T DELETE 1 1 TOTALE 12 NAME NAME TARDIF, STEVEN P 13 STREET ADDRESS STREET ADDRESS 4611 S.W. 12TH COURT CHTY-ST-ZIP FT. LAUDERDALE FL 33317. 1.4 CITY-ST-ZIP ☐ Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STHEET ADDRESS 2 4 CITY - ST- ZIP CITY - ST-ZIP DELETE ☐ Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 33 STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 4 1 TITLE TITLE 42 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREE! ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 64 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:

ALURY 1. A COUNTY DEPOSED OR DIRECTOR

4-24-96

30 /~636 C/ Daytima Prione # CR2E034 (12/95)