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

**PROFIT** CORPORATION ANNUAL REPORT



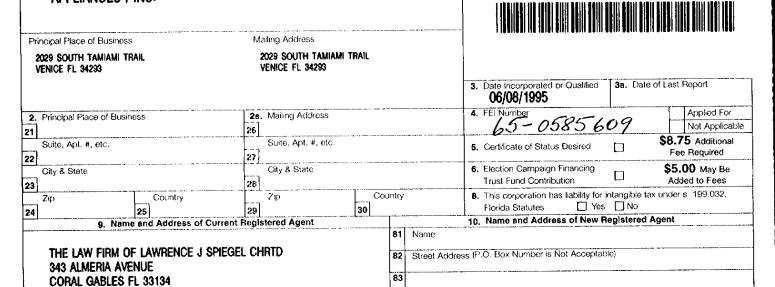
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000044167 (1)

1. Corporation Name "APPLIANCES", INC.

**DOCUMENT #** 



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

R4 City

SIGNATURE _	Signature, typed or printed hance of registered agent and file. Lappicable	(NOTE: Registered Agent signature required	d when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1 1 TITLE	Change Addition
NAME	FRADY, D.L.	1.2 NAME	
STREET ADDRESS	2029 SOUTH TAMIAMI TRAIL	1,3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	1.4 C(TY+S1-Z(P	
TITLE	<b>DST</b> DELETE	9 2. 1 TITLE	Change Addition
NAME	MINK, R.D.	2.2 NAME	
STREET ADDRESS	2029 SOUTH TAMIAMI TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	2.4 CHY+\$1-7IP	
TITLE	DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3 4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TiTLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-21P		4.4 CHTY-S1-ZIP	
TITLE	[] DELETE	5 1 TITLE	Change Addition
NAME.		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5.4 C/TY+ST-ZIP	F7 01 F7 1437
TITLE	[] DELETE	6 1 TITLE	Change [] Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREFT ADDRESS	
CITY-S1-ZIP		6 4 CITY - ST - ZIP	for the examplion stated in Section 119.07(3)(k). Florida Statutes, Lituriher

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 changes or ou an attachment with an address.

SIGNATURE:

S GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 941-496-9625

85

Zip Code