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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 1. Corporation Name	P95000051089	(7)

1. Corporation	MENT # P9500 n Name AMA APPLIANCE LEASING,	10051089 (7 INC.	")		1 1881/881 MB (8111 8111 8811 8811 8811 8811 8811 88	311 BBIM BBIR: E118: E181: BBIR: BBIR: 18118 E811 1881
Principal Place		Mailing Address				
	ORATE AVE. RDALE FL 33331	3305 CORPORATE AV FT. LAUDERDALE FL				
					3. Date Incorporated or Qualified 06/30/1995	3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		(.	59-2291791	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		`	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for	intangible tax under s. 199.032,
24	25 25 Name and Address of Curren	29	[30]		Florida Statutes Yes	s []No
	g. Name and Address of Conen	t negistered Agent	B1	Name	10. Name and Address of New I	negistered Agent
CAPITA	AL CONNECTION, INC.		62		ess (P.O. Box Number is Not Acceptal	ble)
	VIRGINIA STREET, SUITE 1		83			
IALLAI	HASSEE FL 32301		55			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-	named corpor	ation submits this statement for the pured of directors. Thereby accept the apr	urpose of changing its registered office
falmiliar wi	red agent, or both, in the State of Florid ith, and accept the obligations of, Secti	ion 607.0505, Florida Statutes	i.	oracion o boar	a or allociola. Theroby accept the app	Some none as registered agent. Van
SIGNATURE	Signature, typed or printed name of registered agent					
12.	Signature, typed or printed name of registered agent		13.	nt signature required		FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	MCCOY, WILLIAM		1.2 NAME			
STREET ADDRESS	3305 CORPORATE AVE.		1.3 STRÉE	T ADDRESS		1
CITY - ST - ZIP	FT. LAUDERDALE FL 33331		1.4 CITY-	ST-ZIP		
TITLE	VD	☐ DELETE	2 1 TITLE			Change Addition
NAME	SARVIS, GERARD E		2.2 NAME			
STREET ADDRESS	3305 CORPORATE AVE.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33331		2.4 CITY-	ST-ZIP		
TITLE	VD	☐ DELETE	3 1 TITLE	`		Change Addition
NAME	REGALADO, GUY		3.2 NAMÉ			'
STREET ADDRESS	3305 CORPORATE AVE.			T ADDRESS		
CITY - ST - ZIP	FT. LAUDERDALE FL 33331	רים חבו בדב	3.4 CITY -	ST-ZIP		974 Totange Addition
TITLE	SARVI, GERARD E JR.	☐ DELETE	4. 1 TITLE		5000017 -04/29/9601	120942
NAME exercis approve	3305 CORPORATE AVE.		4.2 NAME		***200.00	020 072
STREET ADDRESS CITY-ST-ZiP	FT. LAUDERDALE FL 33331			T ADDRESS		
317LE	The Brobertonice TE Good	☐ DELETE	4.4 CITY - 5. 1 TITLE	31-21	······	Change Addition
NAME		_	5.2 NAME			
STHEET ADDRESS				T ADDRESS		
C·TY-ST-ZIP			5 4 CITY-	1		
TITLE		☐ DELETE	6. 1 TITLE			Change Addition
NAME			6 2 NAME			> 11
STREET ADDRESS			6.3 STREE	T ADDRESS		7 4.00
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	6.4 CITY-			•
4.4 Lido horat	av certify that the information supplied a	with this filmo is voluntarily form	rished and doc	se not oualify fa	or the exemption stated in Section 1.10	3 O7(3)(k) Florida Statutos I further

Too nevery centry that the information supplied with this limit is voluntarily formated and does not qualify for the excription stated in Section 1.19-07 (5)(k), Florida Statutes. Further certify that the information indicated on this annual report is true and accurate and that my signature stations the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee 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 extreme. SIGNATURE: