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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000064216 (1)

APPLIANCE WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

2847 HOLLYWOOD BOULEVARD

## **FILED** Jan 28 1998 8:00am Secretary of State



(10/97

2847 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 **4100** 0 4100 65-0608853 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EISLER, MICHAEL J SPIELER & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 4700 BISCAYNE BLVD., SUITE 200 MIAMI FL 33137 83 City Zip Code 85 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 Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITUE Change MATZ, LORI NAME 1.2 NAME 4100 0 2945 2847 HOLLYWOOD BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 1.4 CITY-ST-ZIP DVS DELETE Change Addition TITLE 2.1 TITLE MATZ, BRIAN NAME 2.2 NAME 2847 HOLLYWOOD BOULEVARD STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 2. 4 CITY-ST-ZIP allison matzis TITLE ■ DELETE 3.1 TITLE Addition NAME 32 NAME 4100 A soun terrace STREET ADDRESS 3.3 STREET ADDRESS HOILMOOD IN 3302 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City - ST - ZiP 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)(1), Florida Statutes. I further certify that the information

Block 12 or Block 13 if changed, or on an attachment with an address

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