## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90163 047 \*\*\*150.00

,	1999 DIVISION OF CORPORATIONS							
DOCUMENT # P9500071562  P.J.'S APPLIANCE DEPOT, INC.								
P.J. 5 APPLIANCE DEPOT, INC.						4 : <b>20</b> 11 <b>0 2</b> 1 61 1 (211) 01113 02161 01114 01141 0		ANNE HAT HON
Principal Place of Business Mailing Address								
2532 OKEECHOBEE BLVD. 2532 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409								
THEST PALM DENGT TE SOUGH						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 09/13/1995		
2. Principa Place of Business 2a. Mailing Address						4, FEI Number	Ар	rtied For
21 26						65-0612490		t Applicable
Suite, A.R. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	
22 27 City & State City & State				<u> </u>		6. Election Campaign Financing	\$5.00	
23 28 28						Trust Fund Contribution	Added I	
Zip	Country	Zip	Country			8. This corporation owes the current year		(3)
24	25	29	30	0		Personal Property Tax.  10. Name and Address of New Register		<u>√6/w</u>
	9. Name and Address of Currer	Kegistered Agent		81	Name	IV. Halle and Hearess of New Yorks		
	er, paul e Sr.		ļ	-	Class Andre	ess (P.O. Box Number is Not Acceptable)		
1271 SLASH PINE CIRCLE				82 Street Acdr		ess (F.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33409				B3				1
				84 City			85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuces, the						continue submite this statement for the number	of changing its	ranistered
11. Pursuant office or n	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was a	es, the ac	by th	names corporatio	oration submits this statement for the purpose in's board of cirectors. I hereby accept the ap-	cointment as req	stered
	im familiar with, and accept the obliga	is ons of, Section 607,0905, Fki	inua Statu	1162.				Į.
SIGNATURE	Signature, typed or printed na na of registered age	nt and trie if applicable. (NOT:	Registered	Agent 1	signature required	d when reinstating) DATE		
12.		OFFICERS AND DIRECTORS 1.1				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	F.S IN 12
TITLE	VTD Warner, Judith L	DELETE	1.1 TITI 1.2 NA					4
NAME STREET ADORESS	ACTA OLACIA DINIT OID				OORESS			E03
CITY-ST-ZIP	MEGT DALM DEACH IN 20100		1.4 CITY-ST-ZIP		1			&
TITLE	Clarifity		2.1 TITI				Change	Addition
NAME	Paul E Teter Sc.	Paul E Teter Sr. 221		ME	İ			ì
STREET ADDRESS	ADDRESS 127/ S/a. Shaine U.			2.3 STREET ADDRESS				
CITY-\$T-ZIP	West Palm Beach, P1. 3370		_	2.4 CRY-ST-ZIP 3.1 TITLE			Change	☐ Addition
NAME		[] 0C\$5,4	3 2 NA		į			<b>†</b>
STREET ADDRESS			3.3 STF	REET A	LODRESS			
CITY-ST-ZIP			34 CH	34 CITY-ST-ZIP				Fi Addition
TITLE		OELETE	4.1 रास		1		☐ Change	Addition
NAME			4, 2 NA					-
STREET ADDRE.IS			4.3 STREE		1			
TITLE		☐ DELETE	5.1 TIT		<del></del>		☐ Change	Addition
NAME			52 NA		ĺ			1
STREET ADDRESS			5 3 STF	REETA	LODRESS			
CITY-ST-ZIP			5 4 CIT		ZIP		Channe	Addition
TITLE	<b>\</b>	☐ DELETE	B.1 TITLE 6.2 NAME				☐ Change	- Annier
NAME	ļ				NOORESS			
STREET ADDRESS	i		9.3 317					

14. Therebir certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(i). 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, with all other like empowered.

SIGNATURE

AT BE AND TYPED ON BROTED MAKE OF SIGNING OFFICE! OF DIRECTO

8456/99

1.6-6156228