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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088264 (3)

ED'S APPLIANCE SALES AND SERVICE, INC.

Principal Place of Business Mailing Address 212 EAST CALL STREET 212 EAST CALL STREET STARKE FL 32091-3330 STARKE FL 32091 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1995 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3350113 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Žφ Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name FEINSTEIN, EDWARD L 212 E. CALL STREET Street Address (P.O. Box Number is Not Acceptable) STARKE FL 32091 83 City 84 Zip Code 11. Pursuant to the previsions 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 Suggestives typical or primed respect of registered agent and title it appricable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition THLE 1.1 TITLE FEINSTEIN, EDWARD L 1.2 NAME NAME 212 EAST CALL STREET STREET ADDRESS 1.3 STREET ADDRESS CHTY-ST-ZIP STARKE FL 32091 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THUE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-2IP CITY-ST-ZIF DELETE Change ■ Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - 20P Addition DELETE Change THE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZP 5.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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

14. I do hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attack

C(1Y-S1-2)P

TUNE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 9049142966

in the hybrid through the

(96/6)

FILED

Jan 22 1997 8:00am

Secretary of State