

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # P96000024083 (3)

1. Corporation Name

SAL'S APPLIANCE, INC.

Principal Place of Business

6970 NORTHWEST 21ST STREET
SUNRISE FL 33313

Mailing Address

6970 NORTHWEST 21ST STREET
SUNRISE FL 33313



2. Principal Place of Business

21 6790 NW 21 ST.

Suite, Apt. #, etc.

22

City & State

23 SUNRISE FLORIDA

24 Zip 33313

25 Country USA

2a. Mailing Address

26 6790 NW 21 ST

Suite, Apt. #, etc.

27

City & State

28 SUNRISE FLORIDA

29 Zip 33313

30 Country USA

3. Date Incorporated or Qualified

03/18/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0652584

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

AMERICAN RYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

GRIPPI SALVATORE

82 Street Address (P.O. Box Number is Not Acceptable)

6790 NW 21 ST.

83

84 City

SUNRISE

FL

85 Zip Code

33313

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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD GRIPPI, SALVATORE

NAME GRIPPI, SALVATORE

STREET ADDRESS 6790 NORTHWEST 21ST STREET

CITY-ST-ZIP SUNRISE FL 33313

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD GRIPPI, SALVATORE

1.2 NAME GRIPPI, SALVATORE

1.3 STREET ADDRESS 6790 NW 21 ST

1.4 CITY-ST-ZIP SUNRISE FL 33313

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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.

SIGNATURE:

SAL GRIPPI

1/10/97

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572-4846

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