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

FILED Mar 18 1998 8:00am Secretary of State

GOOD DEALS APPLIANCE*AUDIO*VIDEO, INC.							# 4 F (1) 1 4 (4 8) 1 4 1 1 4 1 1 9		
Principal Place of Business Mailing Address							-}		(C18 1811 1881
FORT MYERS FL 30010 33912 Tour Tour Trail FT. MYERS FL 33912						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address							08/22/1996 4. FEI Number		
						1		Applied For Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							65-0691996		Additional
22 27							5. Certificate of Status Desired		Required
City & State City & State							6. Election Campaign Financing	\$5.0	0 May Be
23 28							Trust Fund Contribution		to Fees
Zip	Country Zip		Country			8. This corporation owes or has paid the cu		ntangible	
24	25	29	30				Personal Property Tax due June 30. Yes No		□ No
	9. Name and Address of Cur	rent Registered	Agent			Maria	10, Name and Address of New Registered	Agent	
	MSDEN, DENNIS J			l'	B1	Name			
6719 WINKLER ROAD					B2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 121					83				
FORT MYERS FL 33919					93				
				Ī	94	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.15	08, Florida Statut	es, the ab	OVB-	named corpo		f changing	Its registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Su Jugations of, Sec	uch change was i tion 607,0505, Fli	authorized orida Statu	by t tes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment a	s registered
SIGNATURE	•		•						Ī
	Signature, typed or printed name of registered				Agent	eriuper erutangia	d when reinstating) DATE		
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	D LI DELETE				1.1 TITLE			L Change	☐ Addition
NAME					1.2 NAME				
STREET ADDRESS				1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	CAPE CORAL FL 33990		· · · · · · · · · · · · · · · · · · ·		1.4 CITY-ST-ZIP			Change	Addition
1			1	2 1 TITLE			C cusufic	C Addition	
NAME OTDERT ADDRESS	SLUTSKY, JAY R			2.2 NAME				Į.	
STREET ADDRESS				1	23 STREET ADDRESS				
CITY-ST-ZIP	D DELETE				2. 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition
NAME	RUSSO, SALVATORE				3.2 NAME				
STREET ADDRESS	5 THORN LANE			3.3 STR		DDRESS			ĺ
CITY-ST-ZIP	OAKDALE NY 11769			3 4. CIT					į
TITLE		······	DELETE	4.1 TITL				Change	☐ Addition
NAME				4, 2 NAI	ME	ſ			
STREET ADDRESS				4,3 STR	EET AC	DORESS			•
CITY-ST-ZIP				4.4 CITY	(-ST-	ZIP			
TITLE			5.1 TITL	5.1 TITLE			Change	Addition	
NAME				5.2 NAN	AE.				Į
STREET ADDRESS				5.3 STR	EET AC	ddress			Ţ
CITY-ST-ZIP				5.4 CITY - ST - ZIP					
TITLE	☐ DELETE			6.1 TITLE		77.	Change	☐ Addition	
NAME				6.2 NAM		İ	1:5		
STREET ADDRESS			•	6.3 STR	EET AC	DORESS			1
CITY-ST-ZIP				6.4 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 13 if changed, or on an appear with an address.