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

PROFIT CORPORATION



Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000097294 (7) BAY APPLIANCES II. INC.

Principal Piac	e of Busines		Mailing A	Mailing Address								
42 NE 2ND A	ND AVENUE											
DEERFIELD BEACH FL 33441 DEERFIELD BEACH (. 33441				DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualif			
									11/14/1997			
2. Principal P	lace of Busin	ness	1	2a. Mailing Address					4. FEI Number		A	Applied For
21 Suite, Apt.	# etc		26 Suite	Suite, Apt. #, etc.					65-080 790	<u>7</u>		lot Applicable
22 Suite, Apt.	#, OIC.	<u>├</u> ─┐	27					5. Certificate of Status Desired	1 🗆	T	Additional Required	
City & State	е		City & State					6. Election Campaign Financia	 NG		May Be	
23			28					Trust Fund Contribution	<u> </u>		to Fees	
Zip		Country 25	Zip					8. This corporation owes or ha				
24	6 Name	29 ont Registered &	29 30 Registered Agent				Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent					
1A/A			B1	Name		10. Hallo dila Adolose di Ila	r rogistor	ou Agoint				
WALTER, CHARLES 42 NE 2ND AVENUE						62 Street Address (P.O. Box Number is Not Acceptable						
DEERFIELD BEACH FL 33441						62	Sireet	Addres	is (F.O. Box Number is not Acce	prable)		
, J	J 1222 D					83						
						84	City				65 Zip	Code
		607.05	00 100 100			اــــــــــــــــــــــــــــــــــــــ					·L	
office or r	egistered ac	gent, or both, in the State	e of Florida, Suc	h change was	s authori.	zed by	the corp	corpor poration	ation submits this statement for n's board of directors. I hereby a	ine purpose iccept the a	ə o r changing appointment a:	its registered s registered
	m temiliar w	ith, and accept the oblig	jations of, Section	on 607,0505, F	Florida S	tatutes	•					
SIGNATURE	Signature, typed	for printed name of registered ag	jent and title if applicat	ole (NC	OTF: Regist	ered Age	n) signature	required	when reinstating)	DATE	E	
12.		OFFICERS AN	ND DIRECTORS		1:	3.			ADDITIONS/CHANGES TO C	FFICERS /	AND DIRECTO	
TITLE	PTD			☐ DELETE	1.1	TITLE					Change	☐ Addition
NAME	WALTER	114/43/	1.2 NAME 1.3 STREET ADDRESS			l						
STREET ADDRESS	3506 NO	IWAY				1						
CITY-ST-ZIP TITLE	VSD	BEACH FL 33483		DELETE	_	CITY-S	- 2112				☐ Change	Addition
NAME		R, SHIRLEY					2.2 NAME				B.	
STREET ADDRESS	3506 NO	WAY	4Y 2.3 S			2.3 STREET ADDRESS						
CITY-ST-ZIP	DELRAY					2.4 CITY-ST-ZIP						
TITLE				DELETE	- 6	TITLE					Change	Addition
NAME					•	NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE		I. CITY - S	1-211				Change	Addition
NAME					4.	2 NAME					<u> </u>	_
STREET ADDRESS					4.3	STREET	address					
CITY-ST-ZIP					4.4	CITY-ST	-71P					
TITLE				☐ DEŤE LE	5.1	TITLE					Change	Addition
NAME						NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP TITLE				DELETE		CITY-ST	- ZIP				Change	Addition
NAME				- ville		NAME					L Change	reduced:
STREET ADDRESS							ADDRESS]					
CITY-ST-ZIP						CITY-SI	- 1					
	ertify that th	e information supplied v	vith this filing do	es not qualify				d in Se	ection 119.07(3)(i), Florida Statut	s. I further	certify that the	e 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.

FILED