

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S07105

(7)

1. Corporation Name

APPLIANCE-TV DEPOT, INC.

Principal Place of Business

6700 N.W. 77TH COURT
MIAMI FL 33166

Mailing Address

6700 N.W. 77TH COURT
MIAMI FL 33166

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1990

3a. Date of Last Report

03/03/1994

4. FEI Number

65-0265790

Applied For

Not Applicable

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERSH, BRIAN R.
SUITE 602, BISCAYNE BLDG.
19 WEST FLAGLER STREET
MIAMI FL 33130-4477

81 Name

HOWARD MARRAM

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

9700 SOUTH DIXIE HIGHWAY

83

SUITE 900

84 City

MIAMI

FL

85 Zip Code

33152

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

HOWARD MARRAM

Howard J. Maram

2/20/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature dated when received)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VTD

NAME

PATEL, KIRAL

STREET ADDRESS

6700 N.W. 77TH COURT

CITY-ST-ZIP

MIAMI FL

TITLE

PD

NAME

PATEL, AMBU

STREET ADDRESS

6700 N.W. 77TH COURT

CITY-ST-ZIP

MIAMI FL

TITLE

SD

NAME

PATEL, GOVAN

STREET ADDRESS

6700 N.W. 77TH COURT

CITY-ST-ZIP

MIAMI FL

TITLE

VD

NAME

PATEL, DIPAK

STREET ADDRESS

6700 N.W. 77TH COURT

CITY-ST-ZIP

MIAMI FL

TITLE

SD

NAME

PATEL, ANIL (ASST)

STREET ADDRESS

6700 N.W. 77TH COURT

CITY-ST-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 recorder 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-95 (345)524-6700