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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

Mailing Address

6700 N.W. 77TH COURT  
MIAMI FL 33166

6700 N.W. 77TH COURT  
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAARAM, HOWARD  
9700 SOUTH DIXIE HIGHWAY  
SUITE 900  
MIAMI FL 33156

81 Name

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

83

84 City

FL

85 Zip Code

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD ☐ DELETE

NAME PATEL, KIRAL  
STREET ADDRESS 6700 N.W. 77TH COURT  
CITY- ST- ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME PATEL, AMBU  
STREET ADDRESS 6700 N.W. 77TH COURT  
CITY- ST- ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME PATEL, GOVAN  
STREET ADDRESS 6700 N.W. 77TH COURT  
CITY- ST- ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME PATEL, DIPAK  
STREET ADDRESS 6700 N.W. 77TH COURT  
CITY- ST- ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME PATEL, ANIL (ASST)  
STREET ADDRESS 6700 N.W. 77TH COURT  
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 305-688-1000 EXT

Date

Daytime Phone #

107

CR2E034 (12/95)