


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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S22987 (9)

1. Corporation Name
MR. JOHN'S APPLIANCE SERVICE, INC.

Principal Place of Business 1614 E. AVENUE NORTH SARASOTA FL 34237	Mailing Address 1614 E. AVENUE NORTH SARASOTA FL 34237
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1991	3a. Date of Last Report 04/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0247598	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAYNER, EUGENE 4036 LONGHORN DR. SARASOTA FL 34232		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MAYNER, EUGENE	12 NAME	
STREET ADDRESS	4036 LONGHORN DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	14 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST MAYNER, JOYCE	22 NAME	SHERYL Mayner
STREET ADDRESS	4036 LONGHORN DR.	23 STREET ADDRESS	5903 Richard Pl
CITY-ST-ZIP	SARASOTA FL 34232	24 CITY-ST-ZIP	SARASOTA FLA 34231
TITLE	<input type="checkbox"/> DELETE	31 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	SCOTT Mayner
STREET ADDRESS		33 STREET ADDRESS	1324 Francis Ave
CITY-ST-ZIP		34 CITY-ST-ZIP	SARASOTA FLA
TITLE	<input type="checkbox"/> DELETE	41 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	JEFF
STREET ADDRESS		43 STREET ADDRESS	2081 Ivy Pl
CITY-ST-ZIP		44 CITY-ST-ZIP	SARASOTA FLA 34235
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Eugene Mayner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97

Date Daytime Phone #

0825640

CR2E034 (9/96)