

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S90725 (0)**

1. Corporation Name  
**ARCHMART APPLIANCE AND AIR CONDITIONING SERVICE, INC.**



Principal Place of Business: **3072 SE DOMINICA TERRACE STUART FL 34997**  
Mailing Address: **3072 SE DOMINICA TERRACE STUART FL 34997**

3. Date Incorporated or Qualified: **10/25/1991**  
3a. Date of Last Report: **08/10/1995**  
4. FE Number: **65-0296942**  
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 ability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**BRIONES, LUIS C.  
3064 SE DOMINICA TERR  
STUART FL 34997**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, Florida Statutes, the above named corporation, as submitter, has submitted 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SVD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIONES, JEANETTE A</b>	
STREET ADDRESS	<b>3072 SE DOMINICA TERRACE</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIONES, LUIS C</b>	
STREET ADDRESS	<b>3072 SE DOMINICA TERRACE</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied was true and correct, voluntarily furnished and does not qualify for the exemption under Section 119.07(4)(k), Florida Statutes. I further certify that the information included on this annual report or special certificate annual report is true and accurate and that my sign-off hereon has the same legal effect as if made under oath; that I am an officer or director of the corporation or the register 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 of this change of or on an annual report with an address.

SIGNATURE: *Jeanette A Briones* SEANETTE A Briones 3/20/96 (907) 286-3838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)