

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90078 033 ***150.00

DOCUMENT # S90725

1. Corporation Name

ARCH-MART APPLIANCE AND AIR CONDITIONING SERVICE
, INC.



Principal Place of Business
3068 SE DOMINICA TERRACE
STUART FL 34997

Mailing Address
3068 SE DOMINICA TERRACE
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1991

4. FEI Number
65-0296942

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3068 SE Dominica Terrace

22 Suite, Apt. #, etc. SAME

22 City & State

23 Stuart FL

24 Zip 34997 25 Country USA

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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)

3068 SE DOMINICA TERR

83 STU

84 City STUART

85 Zip Code FL 34997

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]*

LUIS C. BRIONES

4/23/99

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVD
NAME BRIONES, JEANETTE A
STREET ADDRESS 3072 SE DOMINICA TERRACE
CITY-ST-ZIP STUART FL

TITLE DP
NAME BRIONES, LUIS C
STREET ADDRESS 3072 SE DOMINICA TERRACE
CITY-ST-ZIP STUART FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SVD
1.2 NAME BRIONES, JEANETTE A
1.3 STREET ADDRESS 3068 SE Dominica Terrace
1.4 CITY-ST-ZIP STUART FL 34997

2.1 TITLE DP
2.2 NAME BRIONES, LUIS C
2.3 STREET ADDRESS 3068 SE Dominica Terrace
2.4 CITY-ST-ZIP Stuart FL 34997

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

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*

Jeannette A Briones 4/23/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0515773