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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V02887

(0)

CUMMEH Principal Place o	CIAL APPLIANCE PARTS A	AND SERVICE, INC	·			
8416 LAUREL FA	NR CIR.	8416 LAUREL FAIR C	HA.			
#114	-	# 114		DO NOT WRITE	IN THIS SPACE	
TAMPA FL 33610 US)	TAMPA FL 33610 US		3. Date Incorporated or Qualified	IN THIS SPACE	
03		US		1 "		
2. Principal Plac	e of Business	2a. Mailing Address		12/24/1991 4. FEI Number		Applied For
1		26		59-3106827		Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			\$8.7	75 Additional
2		27		5. Certificate of Status Desired	Fe Fe	e Required
City & State		City & State		6. Election Campaign Financing	\$5.	00 May Be
3		28		Trust Fund Contribution	Add	ded to Fees
Zip ⊐	Country	Zip	Country	8. This corporation owes or has paid		
<u>. </u>	25 Suprementation	29	30	Personal Property Tax due June		∐ No
	9. Name and Address of Current	vehisteten Våeut	81 Name	10. Name and Address of New Re	gistered Agent	
	E, TINA M		UT HAITIC			
	LAUREL FAIR CIR.		82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
#114	. 5)		83			
TAMP	A FL 33610		1~1			
			84 City		FL 85	Zip Code
	familiar with, and accept the obligat	ions of, Section 607.0505	vas authorized by the corporat 5, Florida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	и пе арропинен	t as registered
SIGNATURE SIGNATURE	familiar with, and accept the obligat mature, typed or provided name of registered agent OFFICERS AND	and title if applicable	(NOTE: Registered Agent signature require	ired when reinstaling)	DATE	
SIGNATURE Signature	unature, typiod or privided name of registered agent	and title if applicable			DATE	TOR\$ IN 12
SIGNATURE SIGNATURE	mature, typod or prished name of registered agent	and tile d applicable DIRECTORS	(NOTE: Registered Agent signature requirements)	ired when reinstaling)	DATE CERS AND DIREC	TORS IN 12
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	onature, typed or previod name of impostered agent OFFICERS AND	and tile d applicable DIRECTORS	(NOTE: Registered Agent signature requirements) 13. 1.1 TITLE	ired when reinstaling)	DATE CERS AND DIREC	TORS IN 12
SIGNATURE	OFFICERS AND PRESSE, TINA M	and title if applicable DIRECTORS DELETE	(NOTE: Registered Agent signature required in the signature required i	red when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT Chair	TORS IN 12 nge
SIGNATURE SIQ 12. ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE	OFFICERS AND PRESSE, TINA M 1012 EMERALD CREEK DR. VALRICO FL VPS	and tile d applicable DIRECTORS	(NOTE: Registered Agent signature requirements) 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	TORS IN 12 nge
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minicated on this attribute report or supplemental annual report is too and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee embewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with conditions.

SIGNATURE: THE THE NELSE

4-20-98

FILED

Apr 29 1998 8:00am

Secretary of State

663-17313