FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22419 (8)

1. Corporate Name
BILL JACKSON'S APPLIANCES, INC.

Principal Place of Business
305 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address
305 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 03/20/1992
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business
21
Suite, Apt. #: 22
City, State: 23
Zip: 24 25

2a. Mailing Address
26 SAME
Suite, Apt. #: 27
City, State: 28
Zip: 29 30

4. FEI Number: 65-0311458 — 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. Is your principal place of business in Hollywood? Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
JACKSON, BRETT
305 WEST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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

11. Document the provisions of Section 607.0501, Florida Statutes, Florida Profit Corporation cannot file the statement for the purpose of changing its registered office or registered agent unless the corporation shall first have authorized by the affirmative vote of its board of directors, or upon the approval of its registered agent, such change or appointment. Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JACKSON, BRETT
Street Address	305 W. HALLANDALE BEACH
City, State, Zip	HALLANDALE FL
TITLE	D
NAME	JACKSON, ELIZABETH
Street Address	305 W. HALLANDALE BEACH
City, State, Zip	HALLANDALE FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Delete [ ] Add
NAME	
Street Address	
City, State, Zip	
TITLE	[ ] Delete [ ] Add
NAME	
Street Address	
City, State, Zip	
TITLE	[ ] Delete [ ] Add
NAME	
Street Address	
City, State, Zip	
TITLE	[ ] Delete [ ] Add
NAME	
Street Address	
City, State, Zip	
TITLE	[ ] Delete [ ] Add
NAME	
Street Address	
City, State, Zip	
TITLE	[ ] Delete [ ] Add
NAME	
Street Address	
City, State, Zip	

14. I hereby certify that the information supplied with this report is accurate and has not changed since the last report, for the corporation named in this report, or that any changes to the information have been filed with the Department of State, Division of Corporations. I further certify that I am a duly elected officer or director of the corporation or the owner of the business organized to conduct the report as defined by Florida Statutes. I further certify that I am the officer or director or the owner of the business named in this report.

SIGNATURE: Brett Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 — Date

305-454-5877 — Telephone Number

0076740 CP