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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V22419

(8)

BILL JACKSON'S APPLIANCES, INC.

FILED May 19 1997 8:00am Secretary of State



Principal Place of Business 805 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 83009			Mailing Address 305 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009-5443				
					3. Date incorporated or Qualified 03/20/1992	3a. Date of La 05/01/199	•
·····	lace of Business	2a. Mailing Address	·		4. FEI Number	Ţ	Applied For
21		[26] SHME				Not Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	1 1 '	75 Additional	
City & State		27 City & State					e Required
23	0	·1	[28]		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Feos	
Zip	Country	Zip	Country		8. This corporation has liability for		
24	25	29	30		Florida Statutes	Yes 🔲 No	,
	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Re	gistered Agent	
305	kson, brett West Hallandale beach bl Landale fl 33009	VD.	81 82	Name Street Add	fress (P.O. Box Number is Not Acceptat	olo)	
14 m			83				
			84	City		85	Zip Code
				·	poration submits this statement for the partion's board of directors. I hereby accept	FL	·
SIGNATURE 12. TITLE	- NG	D DIRECTORS	NOTE: Registered Agr 13. 11 101E	en: signatiure requ	ited when reinstallag) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	
NAME	JACKSON, BRETT OEC	EASED DE DITTE				Una	nge 🔲 Additio
STREET ADDRESS	305 W. HALLANDALE BEACH		1.2 NAME 1.3 \$1REE1	ADDRESS	•		
CITY-ST-ZIP	HALLANDALE FL		1,4 CiTY - S				
TITLE	D	X DELETE	2.1 10116			Cha	nge 🔲 Addilio
NAME	Jackson, Elizabeth	, .	2.2 NAMI	İ			
STREET ADDRESS	305 W. HALLANDALE BEACH		23 STREET	ADDRESS			
CITY-ST-ZIP	HALLANDALE FL		2. 4 C(1)Y-1	ST - ZiP			
TITLE	PRESIDENT	DELETE	3.1 TH LE			☐ Cha	nge 🔲 Additio
NAME	JEANETTE BY ST	CRSON EBESO BLVD	3.2 NAME				
STREET ADDRESS	THENETTE B. ST. 305 W. HALLANDA HALLANDALE, FL. S	ENISTN UNIT	0.5 0.11(0)	Ī			
CITY-ST-ZIP TITLE	TITILLUTIVE STES	DELETE	3.4. CHY- 8 4.1 THLE	21-70		☐ Cha	nge 🔲 Additio
NAME			4. 2 NAME	-			·o
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY · S				
TIFLE		DITETE	5.1101.6			Cha	nge 🔲 Addilio
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		DELETE	5 4 CITY - S	I - 7:F		n înha	nno Tarlettia
TITLE		□ DETERT	6.1 TVTLE			☐ Cha	nge 🔲 Additio
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	VIJUDEGE			
CITY-ST-ZIP			6.3 STREET 6.4 CITY - S	Į.			
U111-51-ZIF	L <u></u>		6.4 CHY - S	1-71		- pre	

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 logal effect as if made under path; 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 13 if changed, or on an attachment with an address.