

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V27500** (0)

1. Corporation Name

ALL APPLIANCE WIZARD, INC.

Principal Place of Business

**POB 5132
SARASOTA FL 34277**

Mailing Address

**POB 5132
SARASOTA FL 34277**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**CROOM, JOSEPH MILLER
873 DARTMOOR CIRCLE
NOKOMIS FL 34275**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of person or persons designated agent on this application

(If officer or director, signature must be dated and typed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROOM, JOSEPH MILLER	
STREET ADDRESS	873 DARTMOOR CIRCLE	
CITY- ST- ZIP	NOKOMIS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CROOM, ELIZABETH A.	
STREET ADDRESS	873 DARTMOOR CIRCLE	
CITY- ST- ZIP	NOKOMIS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CROOM, JOSEPH MICHAEL	
STREET ADDRESS	1509 MORGAN ST	
CITY- ST- ZIP	NOKOMIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	V
11. STREET ADDRESS	CROOM JOSEPH MICHAEL
12. CITY- ST- ZIP	240 POCONO TRAIL EAST
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	NOKOMIS FL
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **JOSEPH MILLER CROOM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Miller Croom

4-24-96

941-966-6547

(Day)

Capitol Phone #

CR2E034 (12/95)