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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V27500

(0)

orporation Name	,	•
LL APPLIANCE	WIZARD, INC.	

Mailing Address

Principal Place of Business

2. Principal Place of Business

POB 5132

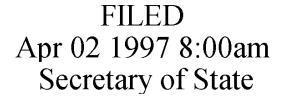
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POB 5132 SARASOTA FL 34277

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SARASOTA FL 34277-5132

2a. Mailing Address



|--|

3a. Date of Last Report 04/30/1996

Applied For

Not Applicable

3. Date Incorporated or Qualified

04/06/1992

65-0323948

4. FEI Number

22	ii, 0.0.	27	001017101. 11, 010.				5. Certificate of Status Desired Fee Required
City & Stat	e		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	127	Zφ	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25] 9. Name and Address of Curren	29 t Regist		30]			Florida Statutes SLyos No 10. Name and Address of New Registered Agent
000		it nogisi	reten Whelir		61	Name	10. Name and Adoress of New Registered Agent
	OM, JOSEPH MILLER			1			
873 DARTMOOR CIRCLE NOKOMIS FL 34275			ļ-	82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
INON	OMIS FE 34275			ŀ	83		
				1			
					84	City	FI 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, typed or printed name of registered age	int and title	fleppficable (NOTE	Hogistered	Ager	nt signature re	quired when reinstating) DATE
12.	OF LICE RS AN	DORLO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		☐ DILETE	1.1 ไปใ	LE		Change Addition
NAME	CROOM, JOSEPH MILLER			1.2 NA	ME	- 1	
STREET ADDRESS	873 DARTMOOR CIRCLE			1,3 \$19	REET /	ADDRESS	
CITY-ST-ZIP	NOKOMIS FL			1.4 CII		I - ZIP	
TITLE	STD		DELETE	2.1 111		ļ	L Change Addition
NAME	CROOM, ELIZABETH A.			2.5 NV		i	
STREET ADDRESS	873 DARTMOOR CIRCLE					ADDRESS	
CITY-ST-ZIP	NOKOMIS FL		☐ DELETE	2. 4 CI		1- ZIP	
TITLE	ODOON JOSEPH MICHAEL		□ Detest	3 1 TIT		1	☐ Change ☐ Addition
NAME	CROOM, JOSEPH MICHAEL			3 2 NA			
STREET ADDRESS	240 POCONO TRAIL E NOKOMIS FL					ADDRESS	
CITY-ST-ZIP	NOROMIS PL		DELETE	3.4. CD 4.1 TH		1-7 P	Change Addition
. NAME			<u> Г</u>	4. 2 NA		Ì	C outlings C Montage
STREET ADDRESS				1		ADORESS	
CITY-ST-ZIP	•			4.3 S I		· · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	5 1 101			☐ Change ☐ Addition
NAME				5.2 NA/		}	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				5.4 CIT		. [
TITLE			DELETE	6.1 100			☐ Change ☐ Addition
NAME				6.2 NAM	ME		
STREET ADDRESS				6.3 \$16	REE 1 #	ADDRESS	
CITY-ST-ZIP				6.4 CIT			
14. 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 roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truster 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.							