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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	MENT # V43406 SHOME APPLIANCE CENT				2/1 8/2/1 C/2/1 ALDIN ALDIN ALBA
Principal Place of Business Mailing Addi		Mailing Address			DIÀ BYBYO \$1811 BLOIY BYBYY 1001
1268 BLANDING BOULEVARD		1268 BLANDING BLVD			
NO. F		NO F		DO NOT INDITE IN THE	0.004.05
ORANGE PARK FL 32065 US		ORANGE PARK FL 32065 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
06		03		06/15/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3132242	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
22		27		or communication of charge personal control	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the c Personal Property Tax due June 30.	surrent year intangible
	9. Name and Address of Curren	1 = 54		10. Name and Address of New Registere	
11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	M familiar with, and accept the obligation bried or pointed name of resistence age OF JICERS AND PO MILLER, BRADFORD A 1316 BEAR RUN BLVD ORANGE PARK FL	ntions of, Section 607.0505, Flort first late a applicable (NOTE) DIRECTORS DELETE	es, the above named cor authorized by the corpora orida Statutes. 1. Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Figure (P.O. Box Number is Not Acceptable) Figure (P.O. Box Number is Number	of changing its registered oppointment as registered ND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VS MILLER, PAMELA J 1316 BEAR RUN BLVD. ORANGE PARK FL T MILLER, DARRAL 1316 BEAR RUN BLVD. ORANGE PARK FL	L_J DELETE	210 Division and Long	miller, DARRA	Change Addition
TITLE NAME STREET ADDRESS CITY ST. 749	ALMINE LYIN LE	_] DELETE	3 4 CHY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
					1

14. I 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 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. (904)

FILED

May 01 1998 8:00am

Secretary of State