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 DOCUMENT #
1. Corporation Name

EBWARDS EQUIPMENTX COMPANY XOFX FLORIDAX INCX

FILED Mar 24 1998 8:00am Secretary of State



TAYL	JOR ULTIMATE :	SERVICES CO.				
Principal Place of Business Mailing Address					effer differ biffer biffer differ fills im bi	
955 SHOTGUI		955 SHOTGUN RD				
SUNRISE FL 33326		SUNRISE FL 33328	SUNRISE FL 33328		DO NOT WRITE IN THIS SPACE	
				~	3. Date Incorporated or Qualified	
	_				02/29/1960	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0905206	Not Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		 - -¬ ′	28			Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid	the current year Intangible
24	25	29	30		Personal Property Tax due June 3	
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Regi	stered Agent
BA	VISKO DIO NACIO X		81	Name DAII	T DIENDA	
858 XSHOODSHIN ROX			82	RAUL PIEDRA 82 Street Address (P.O. Box Number is Not Acceptable)		
SUNRISK FLX3832B					SHOTGUN ROAD	
	•		83			
			84	City	D.T. A.D.	FL 85 Zip Code 33326
11 Pursuant	to the provisions of Sections	507 OS 2 and 607 1508 Evida Stat	utes, the above-r	SUN	RISE pration submits this statement for the pur	
office or r	egistered agent, or both, in	e State of Florida, Such change was	s authorized by the Florida Statutes	he corporatio	n's board of directors. I hereby accept	the appointment as registered
_	The state of the s		-		3-11	. 98
SIGNATURE	Signature, typed or printed name of regi	stered agent and title if applicable (NO	OTE: Rog stered Agent	signature required	d when reinstating)	DATE
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	ROX	X DELETE	1.1 TITLE		D.T	X Change Addition
NAME	DAME, XDAX		1.2 NAME		PIEDRA, R. PD CEO	
STREET ADDRESS	955 SHOTBUNKBO		1.3 STREET AC		955 SHOTGUN ROAD) /
CITY-ST-ZIP	SLANDIREX FIL	K DELETE	1.4 CITY-ST-	ZIP	SUNRISE, FL 333.	Change Addition
TITLE	WILL CHECK AND	K) DECER	2.1 TITLE		PIENIA TOSEBINA	C Change A Aboution
NAME	PEDRAXIX		2.2 NAME		ace CLOTANN ROAD	
STREET ADDRESS	#55%SHQTGUN # R Shi ndse #k		2.3 STREET AD	JUNESS	PIEDRA, JOSEPINA 955 ShOTGUN ROA) SUNRISE, FL 333	2/2
CITY-ST-ZIP TITLE	AY YAKKING	DELETE	2. 4 CITY - ST - 3.1 TITLE	· ZIP	SANKISC / TE 000	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD	DORESS		
CITY-ST-ZIP			3.4. CITY-ST-			
TITLE		DELETE	4.1 TITLE	-		☐ Change ☐ Addition
NAME			4. 2 NAME	1	·	
STREET ADDRESS			4.3 STREET AD	ODRESS		
CITY-ST-ZIP			4.4 CITY+ST-	ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			ーよう。山
STREET ADDRESS			5.3 STREET AD	DDRESS		3',24
CITY-ST-ZIP			5.4 CITY-ST-	ZIP	<u> 200002465</u>	7413
TITLE		DELETE	6.1 TITLE		-03/25/9801004 ***150.00	Dib Change Addition
NAME			6.2 NAME		***150.00	
STREET ADDRESS			6.3 STREET AD)DRESS	1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
CITY-ST-ZIP			64 CITY-ST-	ZIP		at

14. Thereby certify that the information supplied with this filling doce 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 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 motivities or motivate 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 motivities or the same legal effect as if made under oath; that I am an officer or director of the corporation or the motivation 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 motivation of the motivation of