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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 233830 (9)
1. Corporation Name
EDWARDS EQUIPMENT COMPANY OF FLORIDA INC
TAYLOR ULTIMATE SERVICES CO.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 955 SHOTGUN RD SUNRISE FL 33326		Mailing Address 955 SHOTGUN RD SUNRISE FL 33326	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent DAVIS, DONALD 955 SHOTGUN RD SUNRISE FL 33326		10. Name and Address of New Registered Agent 81 Name RAUL PIEDRA 82 Street Address (P.O. Box Number is Not Acceptable) 955 SHOTGUN ROAD 83 84 City SUNRISE 85 Zip Code FL 33326	

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. Each 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]* 3-17-98
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BOB	1.1 TITLE	
NAME	DAVIS, DONALD	1.2 NAME	PIEDRA, R. PD CEO
STREET ADDRESS	955 SHOTGUN RD	1.3 STREET ADDRESS	955 SHOTGUN ROAD
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	BOB	2.1 TITLE	V
NAME	PIEDRA, R.	2.2 NAME	PIEDRA, JOSEFINA
STREET ADDRESS	955 SHOTGUN RD	2.3 STREET ADDRESS	955 SHOTGUN ROAD
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	SUNRISE, FL 33326
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *[Signature]* 3-17-98 (954) 370-3100

CP2E034 (10/97)