

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

FILED
Mar 24 1998 8:00am
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.



Principal Place of Business: 955 SHOTGUN RD, SUNRISE FL 33326
Mailing Address: 955 SHOTGUN RD, SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 02/29/1960

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-0905206
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: DAVIS DONALD, 955 SHOTGUN RD, SUNRISE FL 33326

10. Name and Address of New Registered Agent: RAUL PIEDRA, 955 SHOTGUN ROAD, SUNRISE 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] DATE: 3-17-98

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS DONALD	
STREET ADDRESS	955 SHOTGUN RD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	PIEDRA R	
STREET ADDRESS	955 SHOTGUN RD	
CITY-ST-ZIP	SUNRISE 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIEDRA, R. PD CEO
1.3 STREET ADDRESS	955 SHOTGUN ROAD
1.4 CITY-ST-ZIP	SUNRISE, FL 33326
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PIEDRA, JOSEFINA
2.3 STREET ADDRESS	955 SHOTGUN ROAD
2.4 CITY-ST-ZIP	SUNRISE, FL 33326
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002467413
6.3 STREET ADDRESS	-03/25/98--01004--016
6.4 CITY-ST-ZIP	***150.00

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] DATE: 3-17-98 (954)370-3100

CR2E034 (10/97)