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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 355408 (6)
1. Corporation Name
JACK & GERRY'S EQUIPMENT, INC.



Principal Place of Business: 1035 E PROSPECT RD. OAKLAND PARK FL 33334
Mailing Address: 1035 E PROSPECT RD. OAKLAND PARK FL 33334-3821

3. Date Incorporated or Qualified: 11/17/1969
3a. Date of Last Report: 04/15/1996
4. FEI Number: 59-1770076
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: POWERS, JOHN M. 3344 S.W. 19 ST. FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent (81-85)
81 Name: POWERS JOHN M
82 Street Address: 9900 NW 6TH ST
83 City: CORAL SPRINGS FL
84 City: CORAL SPRINGS FL
85 Zip Code: 33071

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POWERS, JOHN M.	
STREET ADDRESS	3344 S.W. 19 ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POWERS JR., JOHN M.	
STREET ADDRESS	2453 CAT CAY LANE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	POWERS, PRISCILLA	
STREET ADDRESS	3344 S.W. 19 ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POWERS JOHN M	
1.3 STREET ADDRESS	9900 NW 6TH ST	
1.4 CITY - ST - ZIP	CORAL SPRINGS FL 33071	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POWERS PRISCILLA	
3.3 STREET ADDRESS	9900 NW 6TH ST	
3.4 CITY - ST - ZIP	CORAL SPRINGS FL 33071	
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		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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: *John M. Powers* JOHN M. POWERS 4-30-97 954 776-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)