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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 550783

1. Corporation Name CENTRAL FLORIDA EQUIPMENT RE INC.								
Principal Place of Business	Mailing Address							
9030 N.W. 97 TERRACE MEDLEY FL 33178	9030 N.W. 97 TERRACE MEDLEY FL 33178			DO NOT WRITE IN T				
					3. Date Incorporated or Qualifed 11/04/1977			
2. Principal Place of Business	2a. Mailing Address				4, FEI Number 59-1782227			
Suite, Apt. #, etc.	Suite, Apt. #, ete	C.			5. Certifcate of Status Desired			
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution			
Zip Country 24 25	Zip Country 29 30				This corporation owes the current yea     Personal Property Tax.			
<ol><li>Name and Address of Curren</li></ol>	Registered Agent				10. Name and Address of New Registe			
BAER, JAMES T.			81	Name				
9030 NW 97 TERRACE		82	Street Add	ress (P.O. Box Number is Not Acceptable)				
MEDLEY FL 33178		-						
* (* )			84	City	ે પૂર્વ વર્ષન કરી સ્થાપન કહેલ			
<ol> <li>Pursuant to the provisions of Sections 607.050/ office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	of Florida. Such change	was authorized	by t	-named con the corporati	poration submits this statement for the purpos on's board of directors. I hereby accept the a			
SIGNATURE Signature, typed or printed name of registered agen	and title if anolicable	(NOTE: Registered /	Agort	cionatura convir	ed when reinstating) DATE			
12. OFFICERS AN	•••	13.	April	arginature require	ADDITIONS/CHANGES TO OFFICERS			
TITLE PD	DELE		LE		ADDITIONATION TO OTHER CONTROL OF THE CONTROL OF TH			
NAME BAER, JIM		1.2 NA	WE		· • <i>t</i>			

## **FILED** Feb 13, 1999 8:00am **Secretary of State**

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INC.											
Principal Place of Business Mailing Address							ING HILL BLEAK	BIBNI WIBNI WIBNI SI			
9030 N.W. 97 TERRACE 9030 N.W. 97 TERRACE MEDLEY FL 33178 MEDLEY FL 33178											
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						11/04/1977					
Principal Place of Business     2a. Mailing Address					4. FEI Number		An	plied For	┥		
21	26					59-1782227	1 1	t Applicable	┨:		
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$2			dditional	٦,	
27						5. Certifcate of Status Desired		Fee Re			
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	7	
23	3 28					Trust Fund Contribution		Added to	o Fees	╛	
Zip				Country		a. This corporation owes the curr	ent year In				
24	25		30			Personal Property Tax.			□No	4	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New I	legistered	Agent		$\dashv$	
BAE	R, JAMES T.		[	۱,	Mairie						
	NW 97 TERRACE		[1	82	Street Addre	ess (P.O. Box Number is Not Accepta	ıble)			7	
	LEY FL 33178			83		453 727 3 727 3 7 7 7 7 7 7		<u> </u>	\$ 11.80 (SE)	4	
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			[1	84	City	A TAT HIELD	<u> </u>	85 Zip C	ode		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the control of the control of the provisions of Sections 607.050 and the provisions	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized da Statut	by th	he corporatior	n's board of directors. I hereby accep	ot the appo	f changing its pintment as rec	registered gistered		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: FITTE DIRECTORS	<del>-</del>	gent :	signature required	· · · · · · · · · · · · · · · · · · ·	DATE	ND DIDECTOR	DC IN 40	-	
TITLE	PD	☐ DELETE	13. 1,1 TITL	E		ADDITIONS/CHANGES TO OF	-ICEKS A	Change	Addition	1 :	
NAME	BAER, JIM		1.2 NAM			er fr			_	1	
STREET ADDRESS	404 0344 04 33/55895				ADDRESS					'	
CITY-ST-ZIP	MIAMI FL		1.4 CITY								
TITLE	٧	☐ DELETE	2.1 TITLE		<del></del>			Change	☐ Addition	ij	
NAME	BAER, ROBERT		2.2 NAM	2 NAME							
STREET ADDRESS	0.100 OW 440 OTDEET		2.3 STR	EETA	ADDRESS						
CITY-ST-ZIP	MIAMI FL		2. 4 CIT	Y-ST-	- ZIP	**				Ì	
TITLE	S	☐ DELETE	3.1 TITL	E				Change	Addition	7	
NAME	BAER, CAROL		3.2 NAM	Æ				•	•		
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TITLE	VP	☐ DELETE	4.1 TITL	Ε		新见见。25x1a	Company of the compan	∵ ( Change <sub>* .</sub>	Addition		
NAME	BAER, RICHARD		4. 2 NAM	ИE							
STREET ADDRESS			4.3 STR	EET A	ADDRESS						
CITY-ST-ZIP	MIAMI FL	□ AC(CTC	4.4 CITY		ZIP				T Addis	4	
TITLE		☐ DELETE	5.1 TITL					☐ Change	Addition		
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STREET ADDRESS	e <sup>rr</sup>				DDRESS		. ,				
SINCEL ADDRESS			3.00.11	^				_			

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, with all other like empowered.

SIGNATURE: