

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:44

DOCUMENT # **809789** (1)
1. Corporation Name
MANUFACTURERS EQUIPMENT COMPANY

Principal Place of Business Mailing Address
C/O MICHAEL FRIEDMAN C/O MICHAEL FRIEDMAN
1313 SANDERLING ISLAND 7320 N LAKE DRIVE
POINT RICHMOND CA 94801 MILWANKEE WI 53217
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Nancy WAKEMAN		2b Michael FRIEDMAN		01/01/1955	02/01/1994
22 Suite, Apt. #, etc. 1313 SANDERLING ISLAND		2c Suite, Apt. #, etc. 8831 N. Regent Rd.		4. FEI Number	Applied For / Not Applicable
23 City & State Point Richmond, CA		2d City & State Milwaukee, WI		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 94801	25 Country U.S.A.	29 Zip 53217	30 Country USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				01 Name	
				02 Street Address (P.O. Box Number is Not Acceptable)	
				03	
				04 City	
				05	Zip Code

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAKEMAN, FREDERIC E	12 NAME	
STREET ADDRESS	1313 SANDERLING ISLAND	13 STREET ADDRESS	
CITY-ST-ZIP	POINT RICHMOND CA	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIE, JAMES R.	22 NAME	
STREET ADDRESS	111 E. WISCONSIN AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	24 CITY-ST-ZIP	
TITLE	AT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXTON, TERESA	32 NAME	
STREET ADDRESS	3430 GARVIN DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND CA	34 CITY-ST-ZIP	
TITLE	PTD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAKEMAN, NANCY	42 NAME	
STREET ADDRESS	1313 SANDERLING ISLAND	43 STREET ADDRESS	
CITY-ST-ZIP	POINT RICHMOND CA	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: Nancy Wakeman Nancy Wakeman 1/25/95 (510)237-5021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Printed)