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Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90082 041 \*\*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 809789

1. Corporation Name  
MANUFACTURERS EQUIPMENT COMPANY



Principal Place of Business  
WAKEMAN, NANCY  
1313 SANDERLING ISLAND  
POINT RICHMOND CA 94801  
US

Mailing Address  
FRIEDMAN, MICHAEL  
8831 N. REGENT RD.  
MILWAUKEE WI 53217  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

01/01/1955

4. FEI Number

39-0731898

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  DELETE  
NAME WAKEMAN, FREDERIC E  
STREET ADDRESS 1313 SANDERLING ISLAND  
CITY-ST-ZIP POINT RICHMOND CA

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  Change  Addition

TITLE SD  DELETE  
NAME PETRIE, JAMES R.  
STREET ADDRESS 111 E. WISCONSIN AVE  
CITY-ST-ZIP MILWAUKEE WI

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  Change  Addition

TITLE AT  DELETE  
NAME PAXTON, TERESA  
STREET ADDRESS 3430 GARVIN DRIVE  
CITY-ST-ZIP RICHMOND CA

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  Change  Addition

TITLE PTD  DELETE  
NAME WAKEMAN, NANCY  
STREET ADDRESS 1313 SANDERLING ISLAND  
CITY-ST-ZIP POINT RICHMOND CA

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Nancy Wakeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 510 237-5021  
Date Daytime Phone #

CR2E034 (11/98)