

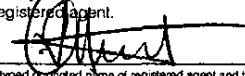
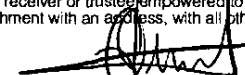
FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 014 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

24071687



DOCUMENT # P02000086030			
1. Entity Name ALL FLORIDA EQUIPMENT COMPANY INC.			
Principal Place of Business 1308 A SW 1ST WAY DEERFIELD BEACH, FL 33441		Mailing Address 1308 A SW 1ST WAY DEERFIELD BEACH, FL 33441	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
HUNT, VEBERT 9691 NW 20TH PLACE SUNRISE, FL 33322			
7. Name and Address of New Registered Agent			
Name <u>MELISSA SALAMONE</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1428 SE 4TH AVE</u>			
City <u>Deer Field Bch</u> FL Zip Code <u>33441</u>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <u>4/26/04</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNT, VEBERT 9691 NW 20TH PLACE SUNRISE, FL 33322 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELISSA SALAMONE ☒ Change ☐ Addition 1428 SE 4TH AVE DEERFIELD Bch FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAMONE, MELISSA 1428 SE 4TH AVE DEERFIELD BEACH, FL 33441 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEBERT HUNT ☒ Change ☐ Addition 9691 NW 20TH PL SUNRISE FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE <u>4/26/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	