

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

FILED

**Feb 03 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 # P93000048958 (1)
 1. Corporation Name
ATLANTIC PUMP & EQUIPMENT COMPANY OF WEST PALM B EACH, INC.



Principal Place of Business 4389 WEST RD DR WEST PALM BCH FL 33407 US	Mailing Address 20 N ORANGE AVE SUITE 200 ORLANDO FL 32801-4604 US
---	--

3. Date Incorporated or Qualified 07/06/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0420596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 4389 WEST ROADS DRIVE City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30
--	--

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, DAVID H	
STREET ADDRESS	20 N ORANGE AVE SUITE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HALL, A S JR	
STREET ADDRESS	20 N ORANGE AVE SUITE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALLIS, JOHN P III	
STREET ADDRESS	3055 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ZEPF, J S	
STREET ADDRESS	20 N ORANGE AVE SUITE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ASAT	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, JAY	
STREET ADDRESS	20 N ORANGE AVE SUITE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BLACKFORD, ROBERT N	
STREET ADDRESS	TWO SOUTH ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID H HUGHES	
1.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
1.4 CITY-ST-ZIP	ORLANDO FL 32801	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	A STEWART HALL JR	
2.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
2.4 CITY-ST-ZIP	ORLANDO FL 32801	
3.1 TITLE	S/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAY CLARK	
3.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
3.4 CITY-ST-ZIP	ORLANDO FL 32801	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	J STEPHEN ZEPF	
4.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
4.4 CITY-ST-ZIP	ORLANDO FL 32801	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BENJAMIN P BUTTERFIELD	
5.3 STREET ADDRESS	20 N ORANGE AVE STE 200	
5.4 CITY-ST-ZIP	ORLANDO FL 32801	
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, unchanged, or on an attachment with an address.

SIGNATURE: Jay Clark **SIGNATURE REQUIRED** JAY CLARK Date: 1/14/97 Daytime Phone #: 407-841-4755

CR2E034 (9/96)