

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **V51848 (2)**
1. Corporation Name
ATLANTIC PUMP & EQUIPMENT COMPANY OF MIAMI, INC.

Principal Place of Business Mailing Address
8274 N.W. 14TH STREET- MIAMI-FL-33157- US **8274 N.W. 14TH STREET MIAMI-FL-33126 US**

3. Date Incorporated or Qualified **07/17/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0350346** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3055 N.W. 84th Ave** 28 **3055 N.W. 84th Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI, FL** 27 **MIAMI, FL**
City & State City & State
24 **33122** 25 **US** 29 **33122** 30 **US**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
WALLIS, JOHN P., III
8274 N.W. 14TH STREET
MIAMI-FL-33157-

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
11812 S.W. 37th Terrace
83
84 City **MIAMI, FL** 85 Zip Code **33175**

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALLIS III, JOHN P. 8274 N.W. 14TH STREET MIAMI-FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11812 S.W. 37th Terrace MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WALLIS, JUANITA P. 8274 N.W. 14TH STREET MIAMI-FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11812 S.W. 37th Terrace MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WALLIS JR JOHN P 8274 N.W. 14TH STREET MIAMI-FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11812 S.W. 37th Terrace MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: John P. Wallis, Jr. **JOHN P. WALLIS, JR.** APRIL 20, 1995 (305) 597-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)