

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

**FILED**

**Feb 03 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V51848 (2)**  
 1. Corporation Name  
**ATLANTIC PUMP & EQUIPMENT COMPANY OF MIAMI, INC.**



Principal Place of Business <b>3055 NW 84TH AVE MIAMI FL 33122 US</b>	Mailing Address <b>20 N ORANGE AVE SUITE 200 ORLANDO FL 32801 US</b>
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3. Date Incorporated or Qualified <b>07/17/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0350346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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**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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALLIS III, JOHN P.</b>	
STREET ADDRESS	<b>11812 W 37TH TERR</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HALL, A S JR</b>	
STREET ADDRESS	<b>20 N ORANGE AVE SUITE 200</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZEPF, J S</b>	
STREET ADDRESS	<b>20 N ORANGE AVE SUITE 200</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUGHES, DAVID H</b>	
STREET ADDRESS	<b>20 N ORANGE AVE SUITE 200</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLACKFORD, ROBERT N</b>	
STREET ADDRESS	<b>TWO SOUTH ORANGE AVE</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

**SIGNATURE:** *Jay Clark* **JAY CLARK** **1/14/97** **407-841-4755**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)