

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

APPROVED  
AND  
FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **478504** (4)  
1. Corporation Name  
**A.B.A. FIRE EQUIPMENT, INC.**

Principal Place of Business Mailing Address  
**3619 NW 2ND AVE. MIAMI FL 33127** **3619 NW 2ND AVE. MIAMI FL 33127**

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 **06/06/1975** 3a. Date of Last Report **04/07/1994**  
4. FEI Number **59-1596625** 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**  
7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MELAND, MANUEL**  
**3619 NW 2ND AVE.**  
**MIAMI FL 33127**

10. Name and Address of New Registered Agent  
81 Name **Earl Speigel**  
82 Street Address (P.O. Box Number is Not Acceptable) **3619 N.W. 2nd Avenue**  
83  
84 City **Miami** FL 85 Zip Code **33127**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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. This 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, the provisions of Florida Statutes.  
SIGNATURE *Earl Speigel* **EARL SPEIGEL, Vice-President** 5/11/95  
(NOTE: For Agent's signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELAND, MANUEL
STREET ADDRESS	3619 NW 2ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	MELAND, RANDY
STREET ADDRESS	3619 NW 2ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	TS
NAME	MELAND, LOUIS
STREET ADDRESS	3619 NW 2ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Melano, Randy	
13 STREET ADDRESS	3619 N.W. 2nd Avenue	
14 CITY - ST - ZIP	Miami, Fla. 33127	
21 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Speigel, Earl	
23 STREET ADDRESS	3619 N.W. 2nd Avenue	
24 CITY - ST - ZIP	Miami, Fla. 33127	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

REMITTED BY MAY 1

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 119.07(3)(b), Florida Statutes. I further certify that the information included 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, in an official position with an address.  
SIGNATURE: *Earl Speigel* **EARL SPEIGEL** 4/25/95 305-573-8273  
(Date) (Phone Number)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR