

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 ANNUAL REPORT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90030 030 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L92088

CONSTRUCTION EQUIPMENT ATTACHMENTS, INC.



Place of Business Mailing Address
 HWY. 92 E. 3406 HWY. 92 E.
 CITY FL 33566 PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		27		08/06/1990	
Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		28		59-3039502	
City & State		City & State		Applied For	
28		29		Not Applicable	
Country		Zip		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
Country		Country		6. Election Campaign Financing	
25		29		Trust Fund Contribution	
29		30		<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property.	
PARKER WD				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3406 HWY 92 E					
PLANT CITY FL 33566					
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
				FL	

9. Name and Address of Current Registered Agent

PARKER WD
 3406 HWY 92 E
 PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

In accordance with 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 agent 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: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	P PARKER, WD 3406 HWY 92 E PLANT CITY FL <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VP PARKER, SCOTT 3406 HWY 92 E PLANT CITY FL <input type="checkbox"/> DELETE	1.2 NAME	Parker, WD
OFFICER	D PARKER, ANTHONY 3406 HWY 92 E PLANT CITY FL <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	3406 Hwy 92 E
OFFICER	D PARKER, MARGARET 3406 US HWY 92 E PLANT CITY FL <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Plant City, Fl.
OFFICER		2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		2.2 NAME	Parker, Scott
OFFICER		2.3 STREET ADDRESS	3406 Hwy 92 E
OFFICER		2.4 CITY-ST-ZIP	Plant City, Fl.
OFFICER		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3.2 NAME	
OFFICER		3.3 STREET ADDRESS	
OFFICER		3.4 CITY-ST-ZIP	
OFFICER		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4.2 NAME	
OFFICER		4.3 STREET ADDRESS	
OFFICER		4.4 CITY-ST-ZIP	
OFFICER		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5.2 NAME	
OFFICER		5.3 STREET ADDRESS	
OFFICER		5.4 CITY-ST-ZIP	
OFFICER		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6.2 NAME	
OFFICER		6.3 STREET ADDRESS	
OFFICER		6.4 CITY-ST-ZIP	

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 stated 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (5/99)