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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 326573

FILED May 29, 1999 8:00 am Secretary of State

05-29-1999 90014 041 ***300.00

 Corporation 	on Name All-Type Equip	ment Co.			"			
	9301 N.E. 6 Av		A = 10	01				
	Miami Shores,			-				
	, and the state of	, c			* 5 6	9	1 9	■ ■ :
Principal Plac	ce of Business	Mailing Address			<u>5</u> 65949	5 9 9 4 - 90014 - 8	2	
i ilitorpar i iui	9301 N.E. 6 Ave	=	8 10	1				
	Miami Shores, F		7-10	1	Į.			
	Mitallit SHOTES, F	L 22120			DO NOT WRITE	IN THIS S	SPACE	
					3. Date Incorporated or Qualifed September 21, 19	94		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		A	oplied For
1		26					N	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			E Contiferate of Status Desired	 	\$8.75	Additional
2		27			5. Certifcate of Status Desired	ш	Fee R	equired
City & Sta	ate	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Cou	ıntry	8. This corporation owes the current	t year Intai	ngible	
4	25	29	30		Personal Property Tax.		☐ Yes	X Xo
	9. Name and Address of Current R	egistered Agent			10. Name and Address of New Re	gistered A	gent	
Dnoois	dont			81 Name				
Presid				82 Street Add	lress (P.O. Box Number is Not Acceptabl	e)		
	D. Obenour				(-,		
	N.E. 103rd Street			83				
Miami	Shores, FL 33138			24 20			100 7:-	
				84 City		FL	85 Zip	Code
office or	t to the provisions of Sections 607.0502 ar registered agent, or both, in the State of F am familiar with, and accept the obligation	lorida. Such change was a	authorized	d by the corporati	poration submits this statement for the pulion's board of directors. I hereby accept t	irpose of ci the appoint	nanging its ment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and							
12.		title if applicable (NOTE		Agent signature require	ed when reinstating)	DATE		
TITLE	OFFICERS AND L			Agent signature require		DATE CERS AND	DIRECTO	DRS IN 12
	OFFICERS AND D		13.		ed when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	DRS IN 12 ☐ Addition
	President	RECTORS	13. 1.1 TI	TLE .		CERS AND		
IAME	President James D,übenour	IRECTORS DELETE	13. 1.1 TI 1.2 N	TLE AME		CERS AND		
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IAME STREET ADDRESS CITY-ST-ZIP	President James D,übenour	rectors Delete reet 33138	13. 1.1 TI 1.2 Ni 1.3 ST 1.4 CI	TLE AME TREET ADDRESS TY-ST-ZIP		CERS AND	☐ Change	Addition
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14. 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 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 director or direc

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS