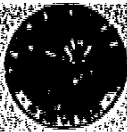


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 14 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 332239 (3)

1. Corporation Name
BLAIR EQUIPMENT CORP.

Principal Place of Business Mailing Address
**6555 NW 9TH AVE
STE 209
FORT LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/09/1968** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1220643** 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. 199.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

**BROWN RICHARD
6555 NW 9TH AVE
STE 209
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name **ELC R030A**
82 Street Address (P.O. Box Number is Not Acceptable)
670 N. Andrews Avenue
83 **Cypress Park West, #407**
84 City **FL. LAUDERDALE** 85 Zip Code **FL 33309**

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed and printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LEANDERS, WILLIAM
STREET ADDRESS	6555 NW 9TH AVE #209
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	PD
NAME	BROWN, RICHARD
STREET ADDRESS	6555 NW 9TH AVE. #209
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CS	☒ Change ☐ Addition
1.2 NAME	EDELSON, STEVEN, L.	
1.3 STREET ADDRESS	8702 COLUMBIAN ROAD	
1.4 CITY - ST - ZIP	BROOKLYN, NY 11205	
2.1 TITLE	CP	☒ Change ☐ Addition
2.2 NAME	PRESS, ROBERT D.	
2.3 STREET ADDRESS	5935 N.W. 99th WAY	
2.4 CITY - ST - ZIP	PARKLAND, FL. 33076	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 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:

Robert Press
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/95 (305) 658-3460
DATE (Typed Name & Number)