

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **406426** (7)
1. Corporation Name
SET-RITE EQUIPMENT, INC.

Principal Place of Business
**11330 NW 58TH PLACE
HIALEAH FL 33012**

Mailing Address
**11330 NW 58TH PLACE
HIALEAH FL 33012**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2247 LIME ST. Suite, Apt. #, etc. 22 Deland, FL City & State 23 32720 Zip 24 USA Country		2a. Mailing Address 26 2247 LIME ST. Suite, Apt. #, etc. 27 Deland, FL. City & State 28 32720 Zip 29 USA Country		3. Date Incorporated or Qualified 08/08/1972	
4. FEI Number 59-1414279		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LANIER, DONNA 11330 NW 58 PLACE HIALEAH FL 33012		10. Name and Address of New Registered Agent 81 Name LANIER, DONNA 82 Street Address (P.O. Box Number is Not Acceptable) 2247 LIME ST. 83 Deland City 84 FL State 85 32720 Zip Code	
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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 *Donna Lanier, Pres.* DATE **4-14-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LANIER, DONNA	1.2 NAME	LANIER, DONNA
STREET ADDRESS	11330 NW 58 PLACE	1.3 STREET ADDRESS	2247 LIME ST
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	DELAND, FL. 32720
TITLE	SD	2.1 TITLE	SD
NAME	LYNCH, WALTER	2.2 NAME	LANIER, Donna
STREET ADDRESS	11330 NW 58 PLACE	2.3 STREET ADDRESS	2247 LIME ST.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	DELAND, FL. 32720
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 *Donna Lanier* **Donna S LANIER** **4-14-98** **904-738288** **305-8219549**

CR2E034 (10/97)