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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 410075 1. Corporation Name SUPERIOR EQUIPMENT SALES & RENT-ALL, INC.								
	•							
Principal Place	of Rusiness	Mailing Address	 	·	-	i 1990 40 00 00 00 1 000 0 0	IA BABA DIBIA DEBA BIBI	1/1// 5/5// /51/
1508 CYPRESS		1508 CYPRESS DRIVE						
JUPITER FL 334		JUPITER FL 33469						
US		US				DO NOT WRITE I	N THIS SPACE	
					3. Date Incorpora			Į
		D. Mailing Address			10/03/1972 4. FEI Number			pplied For
 1 '	lace of Business	2a. Mailing Address			59-1420092)	⊢	lot Applicable
21 Suite, Apt.	# atc	Suite, Apt. #, etc.					\$8.75	Additional
22 Suite, Apt.	#, etc.	27			5. Certifcate of St	atus Desired		Required
City & State		City & State		······································	6. Election Camp	aign Financing	\$5.00	May Be
23		28			Trust Fund Co	- i		to Fees
Zip	Country	Zip	Country		8. This corporation	n owes the current y	year Intangible	
24	25	29 30	0		Personal Propo		☐ Yes	□No
•	9. Name and Address of Curren	t Registered Agent			10. Name and Ad	dress of New Regis	stered Agent	
5:0.1	ED OFBILD F		81	Name	FIXHER	Gean	KE	
FISHER, GERALD E 19923 WILKINSON LEAS RD CIVEW Address TEQUESTA FL 33469 Same Agen			82	Street Addre	ss (P.O. Box Numbe	r is Not Acceptable)		
1992	UESTA EL 22460	INGIN HOUSE 24	1		4 HAMPI	on pin	<u> </u>	
icut	DESTA FE 33409	SAME AGEN	83		/			
	•	,		City	-1-1		FL 85 Zip	Code
		10 1 007 1500 Fledde Ctetude	the above	<u></u>	Up 1743	ratement for the nurr		rs registered
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was auth	horized by th	named corporation	n's board of directors	. I hereby accept the	e appointment as	egistered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agent s	signature required	when reinstating)	Ţ.	DATE	
12.		ID DIRECTORS	13.			ANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	FISHER, GERALD E		1.2 NAME					
STREET ADDRESS	184 HAMPTON PLACE		1.3 STREET A	ODRESS				į
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-ST-2	ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	FISHER, DIANE M		2.2 NAME					ļ
STREET ADORESS	184 HAMPTON PLACE		2.3 STREET A	ODRESS			•	
CITY-ST-ZIP	JUPITER FL 33458		2.4 CITY-ST-	ZIP	·	• • •		- Addition
TITLE	·		3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					Į
STREET ADDRESS			3.3 STREET A	ł				
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-	ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE	- 1			[] Onlange	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME .	•		4. 2 NAME					
STREET ADDRESS			4.3 STREET A				•	Ì
CITY-ST-ZIP	····		4.4 CITY-ST-	<u> </u>	-		☐ Change	e Addition
TITLE			5.2 NAME				_ •	
NAME STREET ADDRESS			5.3 STREET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					i
STREET ADDRESS		• *	6.3 STREET A	ADDRESS				į

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: GERATO

CITY-ST-ZIP