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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 533159 (0)  
1. Corporation Name  
AMERICAN EQUIPMENT & CONTRACTOR'S SUPPLY, INC.



Principal Place of Business Mailing Address  
DAVID & JOY ALLEY  
1801 N. POWERLINE RD  
POMPANO BCH FL 33069-1201  
DAVID & JOY ALLEY  
1801 N. POWERLINE RD  
POMPANO BCH FL 33069-1201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/02/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1737077	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALLEY, DAVID EUGENE 1801 N. POWERLINE ROAD POMPANO BEACH FL 33060		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

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ALLEY, DAVID EUGENE	1.2 NAME	
STREET ADDRESS	1801 N POWERLINE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	ALLEY, JOY WILLIAMSON	2.2 NAME	
STREET ADDRESS	1801 N POWERLINE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	ALLEY, MATTHEW	3.2 NAME	
STREET ADDRESS	1801 NO POWERLINE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ALLEY, ADAM	4.2 NAME	
STREET ADDRESS	1801 NO POWERLINE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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 \_\_\_\_\_

CR2E034 (10/97)