

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 575082 (3)

1. Corporation Name
LANKFORD EQUIPMENT COMPANY, INC.

Principal Place of Business
7010 SW 4TH ST
MIAMI FL 33144

Mailing Address
7010 SW 4TH ST
MIAMI FL 33144

FILED
Aug 28 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1883237	Applied For 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANKFORD, JAMES B 7010 SW 4TH STREET MIAMI, FL ABFL 33144	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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C LANKFORD, JAMES B	1.1 TITLE	P LANKFORD, DOROTHY J.
NAME	6051 SW 79TH COURT	1.2 NAME	6051 S.W. 79 COURT
STREET ADDRESS	MAIMI FL	1.3 STREET ADDRESS	MIAMI, FLORIDA 33143
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST LANKFORD, DOROTHY J.	2.1 TITLE	LANKFORD, ROBERT F.
NAME	6051 SW 79TH COURT	2.2 NAME	10471 S.W. 118 STREET
STREET ADDRESS	MAIMI FL	2.3 STREET ADDRESS	MIAMI, FLORIDA 33176
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	LANKFORD, RANDY L.
NAME		3.2 NAME	6051 S.W. 79 COURT
STREET ADDRESS		3.3 STREET ADDRESS	MIAMI, FLORIDA 33143
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	ST DENNIS, DONNA J.
NAME		4.2 NAME	9405 S.W. 144 ST.
STREET ADDRESS		4.3 STREET ADDRESS	MIAMI, FLORIDA 33176
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 do 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 (4/97)