

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

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 1:11

DOCUMENT #

597424

1. Corporation Name

FLORIDA BUSINESS EQUIPMENT, INC.

Principal Place of Business

Mailing Address

130 E. EVERGREEN AVE, Ste 116
LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

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

Country

Country

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9. Name and Address of Current Registered Agent

DONALD M. FAULKNER
125 SHADOW TRAIL
LONGWOOD, FL 32750

10. Name and Address of New Registered Agent

81 Name JEANNETTE M. FAULKNER
82 Street Address 125 SHADOW TRAIL
83 City LONGWOOD
84 Zip Code FL 32750

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 Jeannette M. Faulkner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

19-14-00

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	DELETE
NAME	DONALD M. FAULKNER	
STREET ADDRESS	125 SHADOW TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	ANDREW S. FAULKNER	DELETE
NAME	ANDREW S. FAULKNER	
STREET ADDRESS	4384 FRANCES ST.	
CITY-ST-ZIP	SANFORD FL 32709	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	Change	Addition
1.2 NAME	JEANNETTE M. FAULKNER		
1.3 STREET ADDRESS	125 SHADOW TRAIL		
1.4 CITY-ST-ZIP	LONGWOOD, FL 32750		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 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.

SIGNATURE:

Jeannette M. Faulkner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeannette M. Faulkner

Date

Daytime Phone #

9/14/00

407

CR2E034 (11/98)