PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 657804

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90221 027 ***150.00

MCDONOUGH EQUIPMENT COMPANY,INC.							
Deineiral Dia-	a of Business	Mailing Address	<u></u>			4131 81911 33811 81811 8	. III 61611 411 11 1861
Principal Place of Business Mailing Address 1660 N.W. 19TH AVENUE POMPANO BEACH FL 33069 Mailing Address 1660 N.W. 19TH AVENUE POMPANO BEACH FL 33069					DO NOT WRITE	IN THIS SPACE	
	•				3. Date Incorporated or Qualifed		
		A Maillean Address		M.	02/29/1980 4. FEI Number		Applied For
	Place of Business	2a. Mailing Address	Kith	Ave.	"		Applied For Not Applicable
21 / 6 6 C Suite, Apt.		26 / (a/a) // // Suite, Apt. #, etc.	. —	~	59-2024605 5, - Certificate of Status Desired		5 Additional
22		27			<u> </u>		Required
City & Stat	pano Beach, FL	City & State 28 Pom Pano	Bea	ech, FZ	Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 330	06 9 25 USA	zip 33069 3	Count	5A	This corporation owes the current Personal Property Tax.	t year Intangible	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
				1 Name			
MCDONOUGH, MARK 1660 N.W. 19TH AVENUE			8	2 Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
POM	IPANO BEACH FL 33069		8	3			
			8	4 City		FL 85	Zip Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508; Florida Statutes	the abo	ve-named corpo	pration submits this statement for the pu	rpose of changing	its registered
office or r	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was auth	norized b	y the corporation	n's board of directors. I hereby accept	he appointment a	s registered
SIGNATURE		and title if applicable (NOTE: De	nistarad Ar	gent signature required	when reinstation	DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent signature required	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	DPTS	☐ DELETE	1.1 TITLE			☐ Char	
NAME	MCDONOUGH, MARK		1.2 NAME	E			
STREET ADDRESS	4444 4471 41711			ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-	1			
TITLE	V	☐ DELETE	2.1 TITLE			☐ Char	nge Addition
NAME	MCDONOUGH, MATT		2.2 NAME	E			
STREET ADDRESS	40000 1811 40 OT		1	ET ADDRESS	. ,		
CITY-ST-ZIP	CORAL SPRINGS FL	ي- ب حاد	2. 4 CITY				
TITLE	OUT IL OF THE OUT IN THE	DELETE	3.1 TITLE			☐ Char	nge
NAME			3.2 NAM	E			
STREET ADDRESS	[ı	ET ADDRESS			
CITY-ST-ZIP	· ·		3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE			☐ Char	nge Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Char	nge
NAME			5.2 NAME	E			
STREET ADDRESS			5.3 STRE	EET ADDRESS			·
CITY-ST-ZIP	1		5.4 CITY	-ST-ZIP			
TITLE		C) DELETE	6.1 TITLE			☐ Char	nge Addition
NAME			6.2 NAM	E			
STREET ADDRESS	<u>.</u>		6.3 STRE	ET 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 suppliemental 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 a attachment with all andress, with all other like empowered.