FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

F35941 **DOCUMENT #**

(6)

EQUIPMENT DESIGN AND CONVEYORS CO. INC.							
Principal Place of Business Mailing Address 3700A HACIENDA BLVD. 3700A HACIENDA BLVD. PO 15131 PLANTATION.FL33318 PO 15131 PLANTATION.FL33318 FT. LAUDERDALE FL 33314 FT LAUDERDALE FL 33314					1 JABOTAB TIAN TITAL BATTA TARK BIĞI	DI (184 B184) AFRII AFRI	. PIZ(1 PIZI) ZIEJI (ZZ)
US	MLE PL 33314	US US			3. Date Incorporated or Qualified 05/22/1981	3a. Date of La 01/18	ast Report //1995
<u> </u>		2a. Mailing Address	1		FO 4000440		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		Orty & State			Election Campaign Financing Trust Fund Contribution	\$	5.00 May Be Added to Fees
Z Ip	Country		Countr	у	8. This corporation has liability for		
24	25 9. Name and Address of Curre	nt Registered Agent	[30]		Florida Statutes Yes		
	g. Hame and Address of Carre	it riegistered Agent	81	Name	10.	. regional region	
	1, CHARLES D.		82	2 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
	V 7TH ST.		83				
PLANIA	TION FL 33317						
			84	City		FL 85	Zip Code
CICALATUDE	Signature, typed or purified name of regulated ager			int signaturé requies	d of directors. I hereby accept the application of directors in the application of the ap	DA'E	
TITLE	P	DELETE				☐ Ch	ange 🔲 Addition
NAME	CERUTTI, CHARLES D.		1.2 NAME		İ		
STREET ADDRESS	7241 NW 7TH ST		13 STREE	T ADDRESS			
CITY - ST - ZIP	PLANTATION FL		1.4 CITY -	ST - ZiP			
TITLE	ST DELETE		2 1 THILE	:		☐ Ch	ange
NAME	CERUTTI, SCOTT C.		2.2 NAME				
STREET ADDRESS	5484 N. W. 55TH DR.		23SIRE	1 ADDRESS			
CITY ST-ZIF	COCONUT CREEK FL	E DOLLY	2 4 CITY -				Addit on
TITLE	☐ DELETE		3 1 TIF_F			Ch	nange
NAME			3 2 NAME				
STREET ADDRESS			3 5 SIRE	ET ADDRESS			
CITY-ST-ZIP TITLE		[]] DELETE	4 1 3016			☐ Cr	nange Addition
NAME			4.2 NAM9			-	•
STREET ADDRESS				EL ADDRESS			
CITY-ST-ZiP			4.4 CITY -				
TITLE		☐ DELETE	5 1 T-TLE			☐ Ch	nange
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREE	ET ADDRESS			
CITY - ST - ZIP			5.4 CITY -	- ST - ZIP			
TITLE		DELETE	6 1 TITLE			Cr	nange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			53 STH€	E* ADDRESS			
CITY - ST - ZIP			6.4 GHY	- S1- 2 iP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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; SIGNATURE AND FIRST ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 9645845120