

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F59203

(2)

1. Corporation Name

EMBREY LYNN EQUIPMENT, INC.

Principal Place of Business

2200 N.W. 17TH STREET
201
POMPANO BEACH FL 33069
US

Mailing Address

P.O. BOX 1165
2200 N.W. 17TH ST. P.O. BOX 1165
POMPANO BEACH FL 33061
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1981

3a. Date of Last Report
04/22/1994

4. FEI Number
59-2159296

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 192.042,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMBREY, LARRY.
4450 N.W. 60TH STREET
FT. LAUDERDALE FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT
NAME	EMBREY, LARRY L
STREET ADDRESS	4450 N.W. 60TH STREET
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	EMBREY, BETTY S
STREET ADDRESS	4450 N.W. 60TH STREET
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	GUTTUSO, JOSEPH A.
STREET ADDRESS	632 TIVOLI TRACE CIR.
CITY, ST, ZIP	DEERFIELD BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☒ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	23338 TORRE CIRCLE
12. CITY, ST, ZIP	BOCA RATON, FL
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information included in the annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit filed with this document.

SIGNATURE: *Betty S. Embrey* BETTY S. EMBREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

(305) 960-0456