SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

STREET ADDRESS

CITY - \$1 - ZIP

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 18 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1997 F90567 (1) DOCUMENT # ROWLAND EQUIPMENT, INC. Mailing Address Principal Place of Business 2900 NW 73RD ST 2900 NW 73RD ST. -8751 W. BROWARD BLVD. 8751-W. BROWARD BLVD. MIAMI FL 33147-5953 MANT FL 39417-5953... DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1982 11/20/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For NW 73st 2900 59-2198823 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 8. This corporation owes or has paid the current year Intangible 45 M 25 29 30 Personal Property Tax due June 30. Yos Yos 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent CT CORPORATION SYSTEM Name 1200 S. PINE ISLAND ROAD 62 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NO11: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (4/97 ₽D DELETE Change Addition TITLE 1.1 TITLE LAMBERT, JAMES NAME 1.2 NAME 9100 SHERIDAN STREET ADDRESS 1.3 STREET ADDRESS **BROOKFIELD IL** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change 21 TITLE Addition TITLE LAMBERT, DOLORES NAME 22 NAME 9100 SHERIDAN 2.3 STREET ADDRESS STREET ADDRESS **BROOKFIELD IL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE KOZELKA, KENNETH NAME 3.2 NAME 4230 RAYMOND STREET ADDRESS 3.3 STREET ADDRESS **BROOKFIELD IL** CITY-ST-ZIP 3.4 CI1Y-ST-ZIP DELETE Change Addition TITLE 41 TOLE COBB, JOYCE NAME 4. 2 NAME 2900 NW 73RD ST STREET ADDRESS 4.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TOLE 5.1 TITLE WAITE, JOSEPH NAME 5.2 NAME 2700 N.W. 73RD ST. STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

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. TONUNE OLKK mlucho a (a E) un an ca

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP