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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

## F93000001413 (4) DOCUMENT # 1. Corporation Name

ALLPOINTS WAREHOUSING EQUIPMENT COMPANY  Principal Place of Business Maling Address  4701 E. 7TH AVE. TAMPA FL 33605 TAMPA FL 33605					
US		US		<ol> <li>Date Incorporated or Qualified 03/23/1993</li> </ol>	3a. Date of Last Report 05/01/1995
2. Principal Plac	e of Business	2a. Mailing Address 26		4, FEI Number 38-3002533	Applied For Not Applicable
Suite. Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May 8e Added to Fees
3   Ζιρ 4	Country 25	Zip <b>29</b>	Cauntry 30		. □No
	g. Name and Address of Curre			10. Name and Address of New F	legistered Agent
	<u> </u>		81 Name		
BRIDGES, ALAN D 4710 EAST 7TH AVENUE			B2 Street A	idress (P.O. Box Number is Not Acceptable)	
			<u> </u>		
TAMPA F			83		
			84 City		FL 85 Zip Code
				poration submits this statement for the pu	
familiar with	n, and accept the obligations of, Se	ection 607.0505, Florida Statute	es.	poration sturings this statement for the po- pard of directors. Thereby accept the app	
familiar witt	n, and accept the obligations or, Se Signature, by led or printed name of registered as OFFICERS A	ped and fifther application (*)  AND DIRECTORS	401c Falpstined Agent signal are rec	parest with the rest that	DATE FICERS AND DIRECTURS IN 12
familiar with SIGNATURE	n, and accept the obligations of, Se Signature typed or protect name of rejective tag OFFICERS A	pot and the displace	Off: Furphered Agent signature rec	parest with the rest that	DATE FICERS AND DIRECTURS IN 12
familiar with SIGNATURE 12. TITLE NAME	n, and accept the obligations of, Se Signature by led or privide name of registrating OFFICERS A D P ZORN, HARVEY C	ped and fifther application (*)  AND DIRECTORS	Die Falps med Apentagrature rec 13. 1 Tif IF 1.2 NAME	parest with the rest that	Date FICERS AND DIRECTORS IN 12
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s annual report or supplemental almost report is due and account this report as required by Chapter 607, Fit corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fit d, or d i an appliament with a address oath; that I am an officer or director of appears in Block 12 or Block 13 if

SIGNATURE:

President 4/30/96