

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000001413 (4)
1. Corporation Name
ALLPOINTS WAREHOUSING EQUIPMENT COMPANY



Principal Place of Business
**4701 E. 7TH AVE.
TAMPA FL 33605
US**

Mailing Address
**4701 E. 7TH AVE.
TAMPA FL 33605-4701
US**

3. Date Incorporated or Qualified **03/23/1993** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5210 Causeway Blvd.	26 5210 Causeway Blvd.	38-3002533	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 Tampa, FL	28 Tampa, FL		
Zip	Zip		
24 33619	29 33619		
Country	Country		
25 USA	30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
BRIDGES, ALAN D 4710 EAST 7TH AVENUE TAMPA FL 33605	<table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>5210 Causeway Blvd.</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>Tampa</td> </tr> <tr> <td>85 Zip Code</td> <td>FL 33619</td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	5210 Causeway Blvd.	83		84 City	Tampa	85 Zip Code	FL 33619
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82 Street Address (P.O. Box Number is Not Acceptable)	5210 Causeway Blvd.										
83											
84 City	Tampa										
85 Zip Code	FL 33619										

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Alan D. Bridges, President** **1-23-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORN, HARVEY C	1.2 NAME	
STREET ADDRESS	4701 E. BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, ALAN	2.2 NAME	
STREET ADDRESS	4701 E. BROADWAY	2.3 STREET ADDRESS	5210 Causeway Blvd.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary Bridges, Robert	3.2 NAME	Robert Bridges
STREET ADDRESS	5210 Causeway Blvd.	3.3 STREET ADDRESS	5210 Causeway Blvd.
CITY-ST-ZIP	Tampa, FL 33619	3.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 by an attachment with an address

CR2E034 (9/96)