## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 03 1997 8:00am
Secretary of State

	MENT # F930 AL EQUIPMENT MARKET	00003647 (5) TING, INC.		 	
Principal Place of Business Mailing Address				1 1001/160 1/10 10106 3/11/1 001/1/1 00	
23282 COSTA DEL SOL BLVD BOCA RATON FL 33433			POST OFFICE BOX 810483 BOCA RATON FL 33481-0483 US		IN THIS SPACE  3a. Date of Last Report
O Delevate of C	Dage of Dunings	2a. Mailing Address			04/16/1996
21 Principal F	Place of Business	26. Maining Address		04-3198212	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			¢0.75
27		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has pair	
24	9. Name and Address of Cu	rrent Registered Agent	30	Porsonal Property Tax due June  10. Name and Address of New Reg	
Q	RALNICK, MARSHALL L	ment negletete Agoin	81 Name	10. Name and Address of New He	gistered Agent
	1282 COSTA DEL SOL BLVD				
BOCA RATON FL 33433			82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
	50/1   11   11   12   10   10		83		
			84 City		<b>85</b> Zip Code
			O4 City		FL 85 Zip Code
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 farfulfar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature required when reinstating)  DATE  (NOTE Registered Agent signature required when reinstating)					
12.	11/1 mil the des	AMO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	CST	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEBCHICK, LES L		1.2 NAME		
STREET ADDRESS	4 VIGUE CIRCLE		1.3 STREET ADDRESS		li
CITY-ST-ZIP	FRAMINGHAM MA 01701		1.4 CITY - ST - ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRALNICK, MARSHALL I		2.2 NAME		
STREET ADORESS	23282 COSTA DEL SOL	BLVU	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BOCA RATON FL 33433	DELETE	2.4 CHY-SI-ZIP 3.1 TITLE		Change Addition
NAME	ROY, DENIS R. J	L beart	3.2 NAME		"
STREET ADDRESS	66 LONGFELLOW ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHREWSBURY MA 0154		3.4. CITY-ST-2IP		
TITLE		☐ DELETE	. 4.1 TITLE		☐ Change ☐ Addition
NAME	)		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Deter	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME expect apporce			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME		Emple	6.2 NAME		and the least to t
STREET ADDRESS			6.3 STRFET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		

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 myual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 attractment with artificial statutes.