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Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600001609 (4)

## INDUSTRIAL EQUIPMENT AND ENGINEERING COMPANY, IN C.

Principal Place of Business Mailing Address

2045 SPRINT BLVD. ORLANDO N INDUSTRIAL PAR
ADORA EL 22022

# FILED Feb 18 1997 8:00am Secretary of State



		2045 SPRINT BLVD. ORL APOPKA FL 32703-7762	S SPRINT BLVD. ORLANDO N INDÚSTRIAL PAR OPKA FL 32703-7762		AR .		
					3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last R	leport
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	oplied For
21 26					62-1633460	No	ot Applicable
Suite, Apt. 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip 24	Country	Country Zip Cou 25 29 30		y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
9, Name and Address of Current Registered Agent			[30]	10. Name and Address of New Registered Agent			<del></del>
		Tiogratored Agent	81	Name	10. Name and Address of New No	Bistoren Agent	
	CORPORATION SYSTEM 0 SOUTH PINE ISLAND ROAD		82	1 1	ddress (P.O. Box Number is Not Acceptab	ole)	
PLANTATION FL 33324			83		y + 11/2	·,	
			84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
				]		FL   s   z	
office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State i	l and 607.1508, Florida Statu of Florida. Such change was	tes, the abov authorized b	e-named o y the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing it at the appointment as	ts registered registered
	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	iorida Statute	·S.	•		
SIGNATURE	Signature, type dior philled name of registered ager	it sed title if annicable (NO	TF: Bogislared An	ent sinnature r	equired when reinstating)	DATE	
12.	OFFICERS AND		13.	on agricio c	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	DELETE	1.1 TITLE			K Change	Addition
NAME	KELLY, DAVID M		1.2 NAME				
STREET ADDRESS	2 NORTHSHORE CENTER		1.3 STREE	T ADDRESS	TWO NORTHSHORE CENTE	ra.	
CITY-ST-ZIP	PITTSBURGH PA 15212		1,4 CITY-	ST-ZiP	•		
TITLE	DV	DELETE	2.1 TITLE			Change	Addition
NAME	DECARLO, DAVID J		2.2 NAME	ŀ		•	
STREET ADDRESS	2 NORTHSHORE CENTER		2.3 STREE	T ADDRESS	TWO NORTHSHORE CENT	ER_	
CITY-ST-ZIP	PITTSBURGH PA 15212		2. 4 CITY-	ST - ZIP	e de la companya de l	- 141	
TITLE	DT	DELETE	3.1 TITLE			- X Change	Addition
NAME	BOYLE, EDWARD J		3.2 NAME				
STREET ADORESS	2 NORTHSHORE CENTER		3.3 STREE	T ADDRESS	TWO NORTHSHORE CENTA	ER	
C(1Y+ST-ZIP	PITTSBURGH PA 15212		3.4. CITY-	ST-ZIP			
TITLE	DS	☐ DELETE	4.1 TITLE	1.	D.S.	M Change	Addition
NAME	PARKER, JAMES L		4. 2 NAME		BOYLE, BOWARD U. TWO NORTHSHORE CENTE	æ.	
STREET ADDRESS	2 NORTHSHORE CENTER				PITTE BURGH, PA 1521	2	
C(1Y-S1-ZIF	PITTSBURGH PA 15212		4.4 CITY-	ST-ZIP	FITTE BUKEN, FH 15 KI		
TITLE	P	☐ DELEXE	5.1 TITLE			Change	L Addition
NAME	RAHILL, PAUL		5.2 NAME				
STREET ADORESS	2045 SPRINT BLVD, ORLANDO	N INDUSTRIAL PAR		T ADDRESS			
C(1Y+S1+2IP	APOPKA FL 32703	T occase	5.4 CITY-	ST-ZIP		T 1 26	4 3 355
TOLE	V	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	ROBINSON, KENNETH		6.2 NAME	· · · · · · · · · · · · · · · · · · ·			
STREET ADORESS	2045 SPRINT BLVD, ORLANDO	) n industrial par		T ADDRESS			
CITY-ST-ZIF	APOPKA FL 32703		6.4 CITY -	ST-ZIP			

I. 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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FOLLARS J. BOYL

2/6/97

412-442-824