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CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002697 (8)

INSTITUTIONAL EQUIPMENT CORPORATION II

FILED Feb 03 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						
2700 4TH AVE. SOUTH 2700 4TH AVE. SOUTH BIRMINGHAM AL 35233 BIRMINGHAM AL 35233					DO NOT WRITE IN	THIS SPACE		
					3. Date Incorpora 05/28/1990			·
2. Principal Pl	ace of Business	2a. Mailing Address	3		4. FEI Number		Α	pplied For
21		26			63-11656	348	1	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et-	G.		5. Certificate of S	Status Desired		Additional tequired
City & State	3	City & State			6. Election Camp	-		May Be
23		28			Trust Fund Co			to Fees
Zip	Country	Zip	—	Country		on owes or has paid t		ntangible No
24	9. Name and Address of Curr	29 Agent Registered Agent	30			erty Tax due June 30. Idress of New Regis	<u> </u>	
		ent negistered Agent		81 Name	TO. Hame and Ac	oreso or rich riegis	toreu Agent	
	X, WILLIAM H							<u> </u>
38 SOUTHWIND COURT NICEVILLE FL 32578				82 Street	Address (P.O. Box Number	er is Not Acceptable)		
NIC	EVILLE I'L 32070			83		<u>-</u>		
				84 City			FL 85 Zip	Code
11 Purcuant I	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607 1508. Florida	Statutes, the	above-named	corporation submits this s	statement for the purp	oose of changing	its registered
	egistered agent, or both, in the Sta	ate of Florida. Such change	was authori	zed by the corp	poration's board of directo	ors. I hereby accept the	ne appointment a	s registered
office or re agent. I a	m familiar with, and accept the ob	ligations of, Section 607.05	U5, Florida S	itatutes.				
SIGNATURE							DATE	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.		ered Agent signature	required when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registered		(NOTE: Regist	ered Agent signature	required when reinstating)		DATE	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS A	agent and title it applicable. AND DIRECTORS DELETORS	(NOTE: Regist	ered Agent signature 3.	required when reinstating)		DATE S ÁND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS A	agent and title it applicable. AND DIRECTORS DELETORS	(NOTE: Regist 1: TE 1.	ered Agent signature 3. 1 TITLE	required when reinstating)		DATE S ÁND DIRECTO	RS IN 12
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officer or director of the corporation or the receiver or trustee employered to Block 12 or Block 13 if changed, or on an attachment with an address. execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

1-28-98