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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G09110

(9)

V.P. P		I EQU	JIPMENT (CORPORA	TION								
Principal Place of Business Mailing Address									ALUM TRADI HAMBA HIMAL MI				
134 COASTLINE ROAD P. O. E					O. BOX 916400								
SUITE 116 SANFORD FL 32771 US					P.O. BOX 916400 LONGWOOD FL 32791-3400 US				DO NOT WORTE IN THIS SOLOS				
								3 Date Incorpor	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
"				0.	•			11/22/198					
2. Principal I	Place of Busi	ness	-,-	2a.	2a. Mailing Address			4. FEI Number	<u> </u>			Applie	d For
21 134	+ COAST	LINE	RD.	26	26			59-22324	เดง		-		plicable
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.			5. Certificate of		□ .		5 Addi	
City & Sta					City & State			6. Election Camp	6. Election Campaign Financing \$5.00 May Be				
	NFORD, I			26				Trust Fund Contribution Added to Fees					
Žip		L 0	ountry		Zip	Coun	itry	8. This corporati	on owes or has p	aid the cu	rrent yea	r I <u>nta</u> ng	ble
24 327		25	US	29		30			erty Tax due Juni		X Yes	И)
			IGOTESS OF C	urrent Regist	ered Agent		B1 Name	10. Name and Ad	dress of New R	egistered	Agent		
	OURDE, VO					ľ.	Name						
466 SABAL TR CIR LONGWOOD FL 32779						1	Street Ac	idress (P.O. Box Numb	er is Not Accepta	ble)			
	ו עטטאוטאוי	rL 32/	79			h	33				-		
							34 City			FL	85	Zip Cod	D
11. Pursuant	to the provis	sions of	Sections 607	0502 and 60	7.1508, Florida Stat	utes, the abo	l ove-named co	orporation submits this :	statement for the		f change	ng its re	gistered
office or agent. I a	regi st ered ag am f arð íliar w	gent, or ith, and	both, in the S decept the c	State of Florid obligations of	la. Such change was Section 607.0505, F	: authorized Iorida Statu	by the corpor tes.	orporation submits this s ration's board of directo	ors. I hereby acce	pt the app	ointmen	t as reg	stered
i				<i>4-</i>	. //				_	1-1	1.2	<u> </u>	
SIGNATURE	Sloristure, typed	or printer					Agent signature rec	quired when reinstating)		DATE			
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6.4 CITY-ST-ZIP

14. I 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.