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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT #

G18761

(8)

Mailing Address

ASSOCIATED PUMP AND EQUIPMENT CO., INC.

2326 HOLLYWOOD BLVD HOLLYWOOD FL 33020			2326 HOLLYWOOD BLVD HOLLYWOOD FL 33020					
					3. Date Incorporated or Qualified 01/14/1983	3a. Date of 05/	Last R 01/19	
	lace of Business	2a. Mailing Address			4. FEI Number	****	T-7,	Applied For
1		26			59-2249119			Not Applicable
Suite, Apt.		Suite, Apt, #, etc			5. Certificate of Status Desired	_ \$		Additional Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution			May Be
Ζιρ !4	Country 25	Ζφ 29	Country 30	y	8. This corporation has liability for in Florida Statutes Yes		ider s	199.032,
	9. Name and Address of Current	Registered Agent		~ · · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Ro		nt	
			81	Name				
DICKINSON, WALTER C.			82	Ch 1 4 4 4	Last /B.O. Bar N. orbo in Nat Assessed II			
	HOLLYWOOD BLVD.		62	Street Add	reet Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33020			83					
			-		V			
			84	City		FL ⁸	5 Zip	o Code
familiar wi	red agent, or both, in the State of Finrici. th, and accept the obligations of, Sectio	t Such Change Was a Imbh.	zeo by the com	named corpo poration's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	iose of changir intment as regi	ng its re stered	egistered offic agent. I am
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64 C-TY-ST-Z-P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplied 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 13 if changed, or on an attachment with an address

4.4.0(1) - \$1 - 2(F

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY ST-ZIP

5 I THLE

5.2 NAME

6 1 THE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY - ST - ZIF

THLE

NAME

TITLE

NAME

HOLLYWOOD FL

SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

954-5270341

Change

Change

Addition

Addit on