

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90208 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G18761

1. Corporation Name
ASSOCIATED PUMP AND EQUIPMENT CO., INC.

Principal Place of Business 2326 HOLLYWOOD BLVD HOLLYWOOD FL 33020	Mailing Address 2326 HOLLYWOOD BLVD HOLLYWOOD FL 33020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2125 N. COMMERCE PKWY Suite, Apt. #, etc.	2a. Mailing Address 26 2125 N COMMERCE PKWY Suite, Apt. #, etc.
22	27
23 City & State WESTON, FL Zip 33326 Country USA	28 City & State WESTON, FL Zip 33326 Country USA
24	29

3. Date Incorporated or Qualified 01/14/1983
4. FEI Number 59-2249119
5. Certificate of Status Desired <input type="checkbox"/> Applied For Not Applicable
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$8.75 Additional Fee Required
7. <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

DICKINSON, WALTER C.
 2324 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name DICKINSON, WALTER C
82 Street Address (P.O. Box Number is Not Acceptable) 2125 N. COMMERCE PKWY
83
84 City WESTON
85 Zip Code FL 33326

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Walter C. Dickinson* WALTER C. DICKINSON 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	DICKINSON, WALTER C.	
STREET ADDRESS	2326 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DICKINSON, WALTER	
STREET ADDRESS	2326 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	MACOMBER, BONNIE L.	
STREET ADDRESS	2326 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICKINSON, WALTER C	
1.3 STREET ADDRESS	2125 N COMMERCE PKWY	
1.4 CITY-ST-ZIP	WESTON, FL 33326	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICKINSON, WALTER	
2.3 STREET ADDRESS	2125 N. COMMERCE PKWY	
2.4 CITY-ST-ZIP	WESTON, FL 33326	
3.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MACOMBER, BONNIE L.	
3.3 STREET ADDRESS	2125 N. COMMERCE PKWY	
3.4 CITY-ST-ZIP	WESTON, FL 33326	
4.1 TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DICKINSON, JANICE C	
4.3 STREET ADDRESS	2125 N. COMMERCE PKWY	
4.4 CITY-ST-ZIP	WESTON, FL 33326	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Walter C. Dickinson* WALTER C. DICKINSON 4-30-99 954-217-1080
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)