


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>G33867</i> 1. Corporation Name <i>AMERICAN EQUIPMENT EXCHANGE, INC.</i>			
Principal Place of Business <i>4450 Gulf Blvd # 309</i> <i>St. Pete Beach, FL 33706</i>		Mailing Address <i>4450 Gulf Blvd # 309</i> <i>St. Pete Beach, FL 33706</i>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <i>ABOVE</i>	26. <i>ABOVE</i>	<i>592979310</i>	<i>1996</i>
22. Suite, Apt. #, etc. <i>A 309</i>	27. Suite, Apt. #, etc. <i>ABOVE</i>	4. FEI Number <i>592979310</i>	Applied For Not Applicable
23. City & State <i>ABOVE</i>	28. City & State <i>ABOVE</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip <i>ABOVE</i>	29. Zip <i>ABOVE</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Country <i>LISA</i>	30. Country <i>LISA</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>JOHN G WEBB</i> <i>4450 Gulf Blvd. # 309</i> <i>St. Pete Beach FL 33706</i>		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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			
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	1.1 TITLE	Change Addition	
2. NAME	1.2 NAME		
3. STREET ADDRESS	1.3 STREET ADDRESS		
4. CITY- ST- ZIP	1.4 CITY- ST- ZIP	Change Addition	
5. TITLE	2.1 TITLE	Change Addition	
6. NAME	2.2 NAME		
7. STREET ADDRESS	2.3 STREET ADDRESS		
8. CITY- ST- ZIP	2.4 CITY- ST- ZIP	Change Addition	
9. TITLE	3.1 TITLE	Change Addition	
10. NAME	3.2 NAME		
11. STREET ADDRESS	3.3 STREET ADDRESS		
12. CITY- ST- ZIP	3.4 CITY- ST- ZIP	Change Addition	
13. TITLE	4.1 TITLE	Change Addition	
14. NAME	4.2 NAME		
15. STREET ADDRESS	4.3 STREET ADDRESS		
16. CITY- ST- ZIP	4.4 CITY- ST- ZIP	Change Addition	
17. TITLE	5.1 TITLE	Change Addition	
18. NAME	5.2 NAME		
19. STREET ADDRESS	5.3 STREET ADDRESS		
20. CITY- ST- ZIP	5.4 CITY- ST- ZIP	Change Addition	
21. TITLE	6.1 TITLE	Change Addition	
22. NAME	6.2 NAME		
23. STREET ADDRESS	6.3 STREET ADDRESS		
24. CITY- ST- ZIP	6.4 CITY- ST- ZIP	Change Addition	
14. 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.		800002159998 -04/30/97--01022--058 ***173.75	
SIGNATURE:		18th April 1997 813-360-8628	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)