

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 PM 2: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G86981** (9)

1. Corporation Name

J. N. EQUIPMENT SERVICE CENTER OF POMPANO BEACH, INC.

Principal Place of Business

% WILLIAM L. SCHICHEL (POB 2291)
430 S. DIXIE HWY. W.
POMPANO BEACH FL 33060-7804

Mailing Address

% WILLIAM L. SCHICHEL (POB 2291)
430 S. DIXIE HWY. W.
POMPANO BEACH FL 33060-7804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/28/1984** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2388934** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**SCHICHEL, WILLIAM L.
430 S. DIXIE HIGHWAY WEST
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LEARY, ELAINE M
STREET ADDRESS	430 S DIXIE HWY W
CITY - ST - ZIP	POMPANO BCH FL
TITLE	DP
NAME	SCHICHEL, ROBERT G.
STREET ADDRESS	430 S. DIXIE HIGHWAY W.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D
NAME	HAFLEY, JEAN M.
STREET ADDRESS	430 S. DIXIE HIGHWAY W.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D
NAME	MCMAMARA, MARY ANN
STREET ADDRESS	430 S. DIXIE HIGHWAY W.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	VP
NAME	John B. Raba
STREET ADDRESS	2220 NW 41st Terr
CITY - ST - ZIP	Goconut Creek, Fla. 33066
TITLE	VP
NAME	John L. Roman
STREET ADDRESS	100 SE 6th Ave Apt 210
CITY - ST - ZIP	Pompamo Beach, 33060 Fla.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *William L. Schichel* April 4, 1995 305-781-2850
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Signature)