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**Mar 26 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 # G86981 (9)

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**

3. Date Incorporated or Qualified: **02/28/1984** 3a. Date of Last Report: **04/22/1996**
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. State, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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 _____ (N/C) Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LEARY, ELAINE M | |
| STREET ADDRESS | 430 S DIXIE HWY W | |
| CITY- ST- ZIP | POMPANO BCH FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | SCHICHEL, ROBERT G. | |
| STREET ADDRESS | 430 S. DIXIE HIGHWAY W. | |
| CITY- ST- ZIP | POMPANO BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAFLEY, JEAN M. | |
| STREET ADDRESS | 430 S. DIXIE HIGHWAY W. | |
| CITY- ST- ZIP | POMPANO BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MCMAMARA, MARY ANN | |
| STREET ADDRESS | 430 S. DIXIE HIGHWAY W. | |
| CITY- ST- ZIP | POMPANO BEACH FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | RABA, JOHN B. | |
| STREET ADDRESS | 2220 NW 41 TERR | |
| CITY- ST- ZIP | COCONUT CREEK FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

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 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 or Block 14, or on an attachment with an address.

SIGNATURE: *William L. Schichtel* **March 20, 1997** **954-781-2850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)

J.N. Equipment Service Center of Pompano Beach, Incorporated.

Directors and Officers for 1997

| | | |
|----------------------------------|------------------------------|-----------------------------------|
| William L. Schichtel, Sr. | Chariman of the Board | Secretary |
| Robert G. Schichtel | Director | President |
| Robert M. Hafley | Director | Treasurer / Vice-President |
| William J. Leary, Sr. | Director | Vice-President |
| William J. Leary, Jr. | | Vice-President |
| Elaine M. Leary | | Vice-President |