

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

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	
4. FEI Number 59-2388934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	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
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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

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	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 checked="" type="checkbox"/> DELETE
NAME	HAFLEY, JEAN M.	
STREET ADDRESS	430 S. DIXIE HIGHWAY W.	
CITY-ST-ZIP	POMPANO BEACH 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	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM L. SCHICHEL, SR.	
1.3 STREET ADDRESS	430 S. DIXIE HWY., W.	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
2.1 TITLE	D V T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT M. HAFLEY	
2.3 STREET ADDRESS	430 S. DIXIE HWY., W	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELAINE M. LEARY	
3.3 STREET ADDRESS	430 S. DIXIE HWY., W	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
4.1 TITLE	D V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM J. LEARY, SR.	
4.3 STREET ADDRESS	430 S. DIXIE HWY., W	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM J. LEARY, JR.	
5.3 STREET ADDRESS	430 S. DIXIE HWY., W	
5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060	
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

SIGNATURE: *Robert Schichel* ROBERT SCHICHEL 1-7-98 954-781-2850

CFR2034 (10/97)