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**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90109 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G86981**

1. Corporation Name  
**J. N. EQUIPMENT SERVICE CENTER OF POMPANO BEACH, INC.**



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 owes the current year Intangible Personal Property Tax:  Yes  No

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V / D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEARY, ELAINE M	1.2 NAME	Leary, William J Sr
STREET ADDRESS	430 S DIXIE HWY W	1.3 STREET ADDRESS	430 S. Dixie Hwy., W.
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHICHEL, ROBERT G.	2.2 NAME	Leary, William J Jr
STREET ADDRESS	430 S. DIXIE HIGHWAY W.	2.3 STREET ADDRESS	430 S. Dixie Hwy., W.
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHICHEL, WILLIAM L SR	3.2 NAME	
STREET ADDRESS	430 S DIXIE HWY WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	3.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFLEY, ROBERT M	4.2 NAME	
STREET ADDRESS	430 S DIXIE HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEARY, ELANIE M	5.2 NAME	
STREET ADDRESS	430 S DIXIE HWY WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEARY, ELANIE M	6.2 NAME	
STREET ADDRESS	430 S DIXIE HWY WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33060	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: \_\_\_\_\_ Date: **3-2-99** Daytime Phone #: **954-781-2884**

CR2E034 (1/98)