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Jan 27 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 # **G98100** (2)  
1. Corporation Name  
**INTER-DIESEL EQUIPMENT, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 3358 P.O. BOX 3358  
HUNT CLUB BLVD. HUNT CLUB BLVD.  
APOPKA FL 32703 APOPKA FL 32703-0358



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/13/1984</b>		3a. Date of Last Report <b>03/19/1996</b>	
21 <b>120 International Parkway</b>		2a. <b>same</b>		4. FEI Number <b>59-2397345</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite 220		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Heathrow Fl. 32746		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 32746		25 Seminole		29 Zip		30 Country	
24 32746		25 Seminole		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**RAPPORT, STEPHEN R.**  
**255 ALHAMBRA CIRCLE, SUITE 600**  
**CORAL GABLES FL 33134**

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

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	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRONER, ERWIN</b>	1.2 NAME	<b>Groner Emilie M.</b>
STREET ADDRESS	<b>203 AMBERGATE CT.</b>	1.3 STREET ADDRESS	<b>1604 Rockdale Loop</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>	1.4 CITY-ST-ZIP	<b>Heathrow Fl. 32746</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VASQUEZ, JOSUE</b>	2.2 NAME	<b>Groner Erwin</b>
STREET ADDRESS	<b>3519 SALT LAKE CT.</b>	2.3 STREET ADDRESS	<b>1604 Rockdale Loop</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Heathrow Fl. 32746</b>
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	TS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRONER, EMILIE</b>	3.2 NAME	<b>Groner Emilie</b>
STREET ADDRESS	<b>203 AMBERGATE CT.</b>	3.3 STREET ADDRESS	<b>Rockdale Loop 1604</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>	3.4 CITY-ST-ZIP	<b>Heathrow Fl. 32746</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

*Groner Erwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-96 407-8050245  
Date Daytime Phone #