

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J01637** (4)

1. Corporation Name
AMERICAN EQUIPMENT SALES, INC.



Principal Place of Business: **1100 SE 24TH ST
PORT EVERGLADES FL 33316
US**

Mailing Address: **PO BOX 21516
FT. LAUDERDALE FL 33335
US**

3. Date Incorporated or Qualified: **02/28/1986**

3a. Date of Last Report: **02/28/1995**

4. FET Number: **59-2714462**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Zip

9. Name and Address of Current Registered Agent

**BROOKSHER, RICHARD W.
1100 SE 24TH STREET
PORT EVERGLADES FL 33316**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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: **Richard W. Brooksher** DATE: **01/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT PAWUK, EMIL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAWUK, EMIL	1.2 NAME	
STREET ADDRESS	2958 BRECKSVILLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH 44288-0535	1.4 CITY-ST-ZIP	
TITLE	VS PAWUK, E M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAWUK, E M	2.2 NAME	
STREET ADDRESS	2958 BRECKSVILLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH 44288-0535	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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	

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*****200.00**

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 119.07(3)(4), 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: *Emil Pawuk* DATE: **April 26, 1996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Emil Pawuk, President**

Daytime Phone #

CR2E034 (12/95)

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