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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J02278

(6)

FUTURE EQUIPMENT, INC. Principal Place of Business C/O JEFFREY G. MATCHETTE 8901-90TH AVE. N. PINELLAS PK FL 33782 US Mailing Address Mailing Address SEFFREY G. MATCHETTE 6901-90TH AVE.N. PINELLAS PARK FL 33782-4537				3. Date Incorporated or Qualified 3a. Date of Last Report				
US					3. Date Incorporated or Qualified 03/05/1986		16 of La 20/198	
	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21	4 -1	26			59-2648304			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired			5 Additional e Required
City & Stat	θ	City & State			6. Election Campaign Financing			00 May Be
23 Zip	Country		Cour	ntry	Trust Fund Contribution 8. This corporation has liability for			led to Fees or s. 199.032,
24	25	29	30		Florida Statutes	Yes [Νο	
	9. Name and Address of Curren	nt Registered Agent		B1 Namo	10. Name and Address of New Re	gistered A	gent	
	CHETTE, JEFFREY G.]'	B1 Name				
128 LIVE OAK LANE LARGO FL 33770				82 Street Add	fress (P.O. Box Number is Not Acceptal	ble)		
ŲAH!	GO FL 33//0		ļ.	83				
			į.	04 64			TART T	7. 6. 6
]'	84 City		FL	85	Zip Code
agent. I a	i m fa miliar with, and accept the oblig	ations of, Section 607.0505, F	authorized Iorida Statu	by the corporal ites.	ition's board of directors. I hereby acce	pt the appo	men	i as registered
SIGNATURE	Signature, typod or printed name of registered age	ont and title if applicable. (NO	TE: Registered		poration submits this statement for the pation's board of directors. I hereby accellated when reinstating)	DATE		
	Signature, typed or printed name of registered age OFFICERS AN			Agent signature requi		DATE		TORS IN 12
SIGNATURE	Signature, typed or printed name of registered age	on and title if applicable. (NO D DIRECTORS	Tt · Registered	Agent signature requi	fired when reinstating)	DATE	DIREC	TORS IN 12
SIGNATURE 12. TITLE	Signature, typod or printed name of registered age OFFICERS AN PD MATCHETTE, JEFFREY G. 126 LIVE OAK LN	on and title if applicable. (NO D DIRECTORS	113. 1.1 TITI 1.2 NAI	Agent signature requi	fired when reinstating)	DATE	DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-\$1-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD MATCHETTE, JEFFREY G. 126 LIVE OAK LN LARGO FL	oni and title if applicable. (NO ID DIRECTORS DELETE	13. 1.1 TITL 1.2 NAP 1.3 STR 1.4 CIT	Agent signature roqu LE ME REET ADDRESS Y- ST-ZIP	fired when reinstating)	DATE	DIREC Char	TORS IN 12 ige Addilion
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I. 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of charged open an attachmost within a pour execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

4/15/97 813/545-98

FILED

Apr 24 1997 8:00am

Secretary of State