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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J12766

EQUIPMENT RENOVATIONS, INC.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90227 026 \*\*\*150.00



•											
Principal Place of Business		Mailing Address				Ţ <b>''</b>	) ALOS ILAIO ITALI IODEA DIE	19 BLH BIBH BI	A THE PERSON NAMED IN	11811 01311 1081	
910 MAGNOLIA AVE. AUBURNDALE FL 33823		910 MAGNOLIA AVI			-						
		AUBURNDALE FL 33823				DO NOT WRITE IN THIS SPACE					
								E IN THIS	SPACE		
						1	orated or Qualifed			}	
						05/05/19			<del></del>		
2. Principal Pl	lace of Business	2a. Mailing Addres	SS			4. FEI Numbe				plied For	
21			26			59-26679	004			t Applicable	
Suite, Apt. #, etc.		ļ	Suite, Apt. #, etc.			5. Certifcate of	of Status Desired		\$8.75 A		
22		27				ree Required					
City & State		. City & State	<b>—</b> '			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
23)		28		Country		+		-t voor Inte		101 663	
Zip	Country	<b>⊢</b> , '	30	ZOGI IO y		'	ation owes the curre roperty Tax.	ent year inte	Yes	□No	
24	9. Name and Address of Curre	nt Registered Agent	[30]	1			Address of New R	egistered /			
	5. Name and Address of Curre	ili Kegisteled Agent		81	Name	TO ITALIA GIA	<u>,</u>			_	
MAR	AZZITO, JOSEPH A										
	MAGNOLIA AVENUE			82	Street Addre	ess (P.O. Box Nur	nber is Not Accepta	ble)		į	
	URNDALE FL 33823			83							
,,,,,											
	•			84	City			FI	85 Zip (	Code	
44 5	to the provisions of Sections 607.05	02 and 607 1508 Florida	Statutes the	a above	-named corno	oration submits th	is statement for the	numose of	changing its	registered	
office or r	edistered agent or both in the State	of Florida Such⊸ehange	e was authoriz	zed by t	the corporatio	n's board of direc	tors. I hereby accep	t the appoir	ntment as re	gistered	
agent. I a	m familiar with, and accept the oblig	dions of Section 607.05	i05, Florida St	tatutes.				•			
SIGNATURE	- Allert		AIOTE Parent		ainant un von irad	d uthon reinstating)		DATE		\	,
	Signature, types of printed name of registered ag				t signature required		/CHANGES TO OF	DATE FICERS AN	D DIRECTO		(0)
12.	OFFICERS A	ND DIRECTORS	1	3.	signature required		/CHANGES TO OF		D DIRECTO	DRS IN 12	(00)
12. TITLE	PD OFFICERS AI			1 TITLE	t signature required		/CHANGES TO OF				(00)
12. TITLE NAME	PD MARAZZITO, JOSEPH A.	ND DIRECTORS	1 1.2 1.2	1 TITLE 2 NAME			/CHANGES TO OF				(00) + 77 + 001
12. TITLE NAME STREET ADDRESS	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS	11. LETE 1.1 1.2	1 TITLE 2 NAME 3 STREET	ADDRESS		CHANGES TO OF				(00 F 7 7 00 LOC
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARAZZITO, JOSEPH A.	ND DIRECTORS ☐ DEL	11.ETE 1.7 1.2 1.3 1.4	1 TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS		CHANGES TO OF				100 F 100 TO
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS	1.ETE 1.4 1.2 1.4 1.4 1.ETE 2.1	1 TITLE 2 NAME 3 STREET 4 CITY-ST	ADDRESS		CHANGES TO OF		Change	Addition	000000000000000000000000000000000000000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS ☐ DEL	11. ETE 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	13. 1 TITLE 2 NAME 3 STREET: 4 CITY-ST 1 TITLE 2 NAME	ADDRESS -ZIP		CHANGES TO OF		Change	Addition	000000000000000000000000000000000000000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS ☐ DEL	1	1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET	ADDRESSZIP		CHANGES TO OF		Change	Addition	100 TOOLOGO
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	.ETE 1.1.5 1.4 1.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	3. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST.	ADDRESSZIP		/CHANGES TO OF		Change	Addition	10000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS ☐ DEL	### 100 ###############################	3. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 4 CITY-ST. 1 TITLE	ADDRESSZIP		/CHANGES TO OF		☐ Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	### 1.5 ### 1.	1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 1 TITLE 2 NAME 1 TITLE 2 NAME	ADDRESS -ZIP  ADDRESS T-ZIP		/CHANGES TO OF		☐ Change	Addition	10000 TOOLOGO
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	1.ETE 1.1.1 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 1 TITLE 2 NAME 3 STREET. 3 STREET.	ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS		/CHANGES TO OF		☐ Change	Addition	70000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	### 100 ###############################	1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 1 TITLE 2 NAME 3 STREET 4 CITY-ST. 1 TITLE 2 NAME 3 STREET 4. CITY-ST.	ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS		/CHANGES TO OF		☐ Change	Addition	- COLOGO
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	1.ETE 1:: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 1 TITLE 1 TITLE	ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS		/CHANGES TO OF		Change	Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	1.ETE 1.1.1 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1	3. 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST	ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		/CHANGES TO OF		Change	Addition Addition	10000
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	### 1.5 ################################	3. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST.	ADDRESS -ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP  ADDRESS		CHANGES TO OF		Change	Addition Addition	100000
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS  DEL	### 1.5 ### 1.	13. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 4 CITY-ST 4 CITY-ST	ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP				☐ Change ☐ Change ☐ Change	Addition Addition	
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	### 1.5 ### 1.	13. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE	ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP		CHANGES TO OF		Change	Addition  Addition  Addition	1
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS  DEL	### 1.5 ### 1.	13. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME	ADDRESS -ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP				☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS  DEL	### 1.ETE   1.1   1.2   1.3   1.4   1.5	13. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 5 CITY-ST 1 TITLE 2 NAME 3 STREET 5 CITY-ST 1 TITLE 2 NAME 3 STREET	ADDRESS -ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP  ADDRESS -ZIP  ADDRESS				☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	ETE 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	3. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 4 CITY-ST 4 CITY-ST	ADDRESS -ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP  ADDRESS -ZIP  ADDRESS				☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS  DEL	### 14 ### 14 ### 14 ### 15 ##	13. 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 4 CITY-ST 1 TITLE 1 TITLE 1 TITLE 1 TITLE 1 TITLE 1 TITLE	ADDRESS -ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP  ADDRESS -ZIP  ADDRESS				☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MARAZZITO, JOSEPH A. 910 MAGNOLIA AVE	ND DIRECTORS DEL	### 1.5 ### 1.	13.  1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME	ADDRESS -ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP  ADDRESS -ZIP  ADDRESS				☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	

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 man attachment with an address, with all other like empowered.

SIGNATURE: