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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J37654

COM. EQUIPMENT AND SUPPLY INC.

| Principal Flace of Business Mailing Address           |   |  |                    |             |                |                | I IUEIII UIUI  | +11111 18919 91191 9             | )                          | 3814 BIBIT BIBIT | MIMEL MIMIL (MM)        |  |
|---|---|--|--------------------|-------------|----------------|----------------|--|----------------------------------|----------------------------|------------------|-------------------------|--|
| 129 NW 13TH ST 129 NW                                 |   |  | W 13TH ST          |             |                |                |  |                                  |                            |                  |                         |  |
| STE D34   |   | STE D34  |                    |             |                |                | DO NOT MIDITE IN THE SPACE                                   |                                  |                            |                  |                         |  |
| BOCA RATON FL 33432 BOCA RATON FL 33432 US            |   |  | 432                |             |                |                | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed |                                  |                            |                  |                         |  |
| US  |   | US   |                    |             |                | 1 -            | 0/13/1986  | led of Qualifed                  |                            |                  |                         |  |
| 2 Principal P   | Maco of Business                            | 2a, Mailing Address  |                    |             |                |                | U/ I3/ I300<br>El Number                                     |                                  |                            | Αι               | plied For               |  |
| <u>├─</u> ` '   |   |  |                    |             |                | "              | 5-0319915  |                                  |                            |                  | t Applicable            |  |
| 21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc. |   |  |                    |             |                |                |  |                                  |                            |                  | Additional              |  |
| 22 27   |   |  | •                  |             |                |                | ertificate of Sta  | atus Desired                     |                            | •                | quired                  |  |
| City & State City & State                             |   |  |                    |             |                | 6 F            | lection Campa  | aign Financing                   |                            | \$5.00           | May Be                  |  |
| 28  |   |  |                    |             |                |                | rust Fund Cor  | -                                |                            |                  | o Fees                  |  |
| Zip Country Zip                                       |   |  | Country            |             |                |                | 8. This corporation owes the current year Intangible         |                                  |                            |                  |                         |  |
| 24  | 25  | 29   | 29 30              |             |                |                | Personal Property Tax.                                       |                                  |                            | <b>⊠</b> No      |                         |  |
|   | 9. Name and Address of (                    | Current Registered Agent                                       |                    |             |                | 10. N          | lame and Ade   | dress of New                     | Registered                 | Agent            |                         |  |
|   |   |  |                    | 81          | Name           |                |  |                                  |                            |                  |                         |  |
| DI <b>RISIO, DOMINIC</b> A:                           |   |  |                    |             | Street         | Address (P.O.  | ess (P.O. Bcx Number is Not Acceptable)                      |                                  |                            |                  |                         |  |
| 6 DANBY PLACE   |   |  |                    | 82          | Ouber          | F.001035 (F.00 | idless (F.O. Dex Number is Not Acceptable)                   |                                  |                            |                  |                         |  |
| -tAN  | TANA FL 33462"                              | Aniin h  |                    | 83          |                |                |  |                                  |                            |                  |                         |  |
| Boy   | INTON BEACH, FL                             | 33426  |                    | 84          | City           |                |  |                                  |                            | 85 Zip           | Code                    |  |
|   |   |  |                    | 04          | City           |                |  |                                  | FL                         | _   65   21      | -30de                   |  |
| office or r   | registered agent, or both, in the           | 07.0502 and 607.1508, Florida<br>State of Florida. Such change | was authorize      | d by        | the corpo      | corporation so | ubnits this start of directors.                              | atement for the<br>I hereby acce | purpose of<br>pt the appoi | changing its     | registered<br>egistered |  |
| agent. I a  | m familiar with, and accept the             | obligations of, Section 607.050                                | 5, Florida Stat    | utes        |                |                |  |                                  |                            |                  |                         |  |
| SIGNATURE   |   |  |                    |             |                |                |  |                                  | DATE                       |                  |                         |  |
|   | Signature, typed or printed rame of registe | ered age it and title if applicable.  RS AND DIRECTORS         | (NC TE: Registered | Ager        | nt signature r |                |  | ANGES TO OF                      |                            | ND DIRECTO       | DRS IN 12               |  |
| 12.   | P   | DELE   |                    | TIE         |                | T              | DIT ONS/CH   | ANGES TO O                       | TIOLING AL                 | (X) Change       | Addition                |  |
|   | DI, RISIO D A.                              |  | 1.2 N              |             |                |                |  |                                  |                            | •                | _                       |  |
| NAME  | 6 DANBY PLACE                               |  |                    |             | TADDRESS       |                |  |                                  |                            |                  |                         |  |
| STREET ADDY ESS                                       | LANTANA FL                                  |  |                    |             | T-ZIP          | Boulto         | 1 BEALL  | 1, FL 33                         | 2401                       |                  |                         |  |
| TITLE   | EMMININA FL                                 | DELE   |                    |             | 1-217          | 207010         | N DUNCT  | 1, 1 D W                         | 7 1504                     | Change           | Addition                |  |
|   |   |  | 2.2 N              |             |                |                |  |                                  |                            |                  | _                       |  |
| NAME  |   |  |                    |             | TADDRESS       |                |  |                                  |                            |                  |                         |  |
| STREET ADDITESS                                       |   |  |                    |             |                |                |  |                                  |                            |                  |                         |  |
| CITY-ST-ZIP   |   | DELE   |                    |             | ST-ZIP         | <del></del>    |  |                                  |                            | Change           | Addition                |  |
|   |   |  | 3.1 N              |             |                |                |  |                                  |                            |                  | _                       |  |
| NAME  |   |  |                    |             | TADDDECC       |                |  |                                  |                            |                  |                         |  |
| STREET ADDF ESS                                       |   |  |                    |             | T ADDRESS      |                |  |                                  |                            |                  |                         |  |
| CITY-ST-ZIP<br>TITLE                                  |   |  |                    |             | ST-ZIP         | <del> </del>   |  |                                  |                            | Change           | Addition                |  |
|   |   |  | 4.21               |             |                |                |  |                                  |                            |                  |                         |  |
| NAME<br>STORET ADDUCES                                |   |  |                    |             | TADOPESS       | 1              |  |                                  |                            |                  |                         |  |
| STREET ADDITESS                                       |   |  |                    |             | T ADDRESS      | 1              |  |                                  |                            |                  |                         |  |
| TITLE   |   | DELE   |                    | MY-S<br>TLE | 1-ZIP          |                |  |                                  |                            | Change           | Addition                |  |
|   |   |  | 5.1 T              |             |                |                |  |                                  |                            |                  | _                       |  |
| NAME  |   |  |                    |             | TADDRESS       | 1              |  |                                  |                            |                  |                         |  |
| STREET ADDITESS                                       |   |  |                    |             | T-ZIP          |                |  |                                  |                            |                  |                         |  |
| CITY-ST-ZIP   |   |  |                    |             | , <u>L</u> R   | -              |  |                                  |                            | Change           | Addition                |  |
| TITLE   |   |  | 6.2 N              |             |                |                |  |                                  |                            | 5090             |                         |  |
| NAME  |   |  |                    |             | TADORESS       |                |  |                                  |                            |                  |                         |  |
| STREET ADDITIESS                                      |   |  |                    |             |                |                |  |                                  |                            |                  |                         |  |

14. I here by 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 signs ture 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.

6.4 CITY-ST-ZIP

SIGNATURE: