


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90011 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J70673					
1. Corporation Name BRETTEL EQUIPMENT CORPORATION					
Principal Place of Business % CHARLES W. BRETTEL, JR. 977 WITHLACOCHEE ST SAFETY HARBOR FL 34695 US			Mailing Address % CHARLES W. BRETTEL, JR. 977 WITHLACOCHEE ST SAFETY HARBOR FL 34695 US		
2. Principal Place of Business 21 2308 Sunset Point Rd Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip 24 33765 Country 25 Pinellas		2a. Mailing Address 26 2308 Sunset Point Rd Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 33765 Country 30 Pinellas		3. Date Incorporated or Qualified 05/04/1987	
4. FEI Number 59-2816922		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent BRETTEL, DONNA JEAN 860 14TH AVENUE SOUTH SAFETY HARBOR FL 34695		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		10. Name and Address of New Registered Agent	
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 NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
VP BRETTEL, CHARLES W., JR. 860 14TH AVENUE SOUTH SAFETY HARBOR FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
VP BRETTEL, CHARLES W., III 870 14TH AVE S SAFETY HARBOR FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
VP BRETTEL, WAYNE F. 240 11TH AVE S SAFETY HARBOR FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
P BRETTEL, DONNA JEAN 860 14TH AVE SOUTH SAFETY HARBOR FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Jean Brettel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 727-726-4385
Date Daytime Phone #

CR2E034 (11/98)