

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K51183 (7)**

1. Corporation Name:

BILL KNETGE CONSTRUCTION EQUIPMENT REPAIR, INC.



Principal Place of Business

2020 NW 32 ST
POMPANO BEACH FL 33064

Mailing Address

2020 NW 32 ST
POMPANO BEACH FL 33064

2. Principal Place of Business

2a. Mailing Address

21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified 12/14/1988	3a. Date of Last Report 03/16/1995
4. FE Number 65-0087626	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statute. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**EGNER, THEODORE K.
3067 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**

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 607.0407 and 607.1504, Florida Statutes, the above named corporation hereby 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 607.0407, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KNETGE, WILLIAM R.	
STREET ADDRESS	1821 NE 41 ST	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KNETGE, BARBARA	
STREET ADDRESS	1821 NE 41 ST	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KNETGE, ANDREA RUTH	
STREET ADDRESS	1821 NE 41 ST	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KNETGE, WILLIAM FRANK	
STREET ADDRESS	1821 NE 41 ST	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not omit, for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information was added 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 or person empowered to execute a report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as a replacement with an address.

SIGNATURE: William R. Knetge DP, William R. KNETGE 4/8/96 954 973 1980

CR2E034 (12/95)