CORPOI ANNUAL	OFIT RATION			FLORIDA D San Se	EPARTMEN nora B. Mod cretary of 9				
OCUME Corporation Nan	ENT#	47932		(3)					
•		ICAL EQUIPM	ENT	COMPANY					IAN AIRIN 44811 31811 1884
cipal Place of E	Business		Mai	ling Address					
19 N.W. 7TH ST	r.		P.C	D. BOX 1805					
MI FL 33126			Mi) US	AMI FL 33256-18	106		3. Date incorporated or Qualified 01/31/1990		e of Last Report
Principal Place	of Business		2a.	Mailing Addres	s		4. FEI Number		Applied For Not Applicable
Puito Ant # of	<u> </u>		26	Suite, Apt. #, et			65-0171342		\$8.75 Additional
Suite, Apt. #, et			27	<u> </u>			5. Certificate of Status Desired		Fee Required
City & State			28	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Co	untry		Zip		Country	8. This corporation has liability for	intangible t	tax under si 199.032, No
	25	idress of Current	29 Poglet	ered Agent	30		Florida Statules  10. Name and Address of New Re		
SUITE CORAI	L GABLES FL	33134				84 City		FI	85 Zip Code
CORAI	l gables fl		and 60 of Florid tions of,	7.1508. Florida a Such change Section 607.05	Statutes, to was autho	84 City	poration submits this statement for the plant's board of directors. I hereby acceptions	FL ourpose of control the appoin	changing its registered
Pursuant to the office or regis agent I am fa	ne provisions of stered agent, or amiliar with, and		tions of,	Section 607.05	505, Florida	84 City he above-named corporate by the corporate Statutes	pred when rainstating)	ourpose of our the appoint	changing its registered ntment as registered
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