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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

DOCUMENT # M08952

(7)

BANDIT WEIGHT EQUIPMENT, INC.

			-v			
Principal Place of Business		Mailing Address		1 :588:00:0: 10: 00:00 (01:0) (01:0) (01:0)	811 MINES AINS AINS AINS AINS AINS AIN	
C/O WILLIAM L. BLACK 2790 N. STATE RD. 7 MARGATE FL 33063		C/O WILLIAM L. BLACK 2790 N. STATE RD. 7 MARGATE FL 33063-5726				
					3. Date Incorporated or Qualified 12/14/1984	3a, Date of Last Report 04/19/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2492346	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			CO 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	¨ Count ∵−1	ry	8. This corporation has liability for int	
24	9. Name and Address of Current		30		Florida Statutes  10. Name and Address of New Regin	Yes No
A IA	CK, WILLIAM L.	Trogratored Agent	8	1 Name	10, Marillo and Address of New Hege	Stored Agont
2800 N STATE ROAD #7			8	2 Stroot Ac	Idress (P.O. Box Number is Not Acceptable	,
	RGATE FL 33063		ľ	Z SUBOLAC	idress (r.o. box number is not acceptable	) 
•			8	3		
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607,1508, Florida Statute	s, the abo	ve-named co	orporation submits this statement for the pur ration's board of directors, I hereby accept	pose of changing its registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statut	es.	remon's poarci or an edgots. Thereby accept	ne appointment as registered
SIGNATURE	Signature, typed or profiled name of registered agent				quied whon reinstating)	DATE
12.	OF FICERS AND		13.	gon s grandre re-	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP .	DELETE	1.1 TOLE			☐ Change ☐ Addition
NAME	BLACK, WILLIAM L.		1.2 NAM	f		
STREET ADDRESS			1.3 STRE	ET ADDRESS		•
CITY-ST-ZIP			1.4 CITY			
TITLE	DST BLACK OWEN	☐ DELETE	217111.6	}		Change Addition _
NAME OTOSSET ADDRESS	AAAA ALAMATE BAAR AT		2.2 NAM	l		
STREET ADDRESS CITY-ST-ZIP	MAROATE			ET ADDRESS '-ST-ZIP		
TITLE	VD	DELEJE	3.1 THE			Change Addition
NAME	BLACK, RANDALL R.	¥ ·	32 NAM			
STREET ADDRESS	2800 N STATE ROAD 7		3 3 S1RE	ET ADDRESS		
CITY-ST-ZIP	MARGATE FL		3 4, CHY	-\$1-7IP		
TITLE		DEFTE	4.1 10 (			Change Addition
NAME			4. 2 NAN	1E		
STREET ADDRESS			4.3 S1RE	ET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY			Change Addition
TITLE		ר"ו מנינונ	5.1 JULE			Change Addition
NAME Street address			5.2 NAM	ſ		
CITY-ST-ZIP			5.4 CITY	C1 ADDRESS		
TITLE		DELETE	6.1 TITLE			Change Addition

.14. I do 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 comporation or the receiver or trustee impowered 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 araphment with an addition.