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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997 MENT # M6294 OUIPMENT CORP.	division of (9)	CORPORAT	IONS		 	<u>14 41811 41811</u> 1	
Principal Place of Business Mailing Address 5941 SW 21ST ST 5941 SW 21ST ST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-3010 US US								
					3. Date Incorporated or Qualified 11/24/1987		e of Last Re 6/1996	eport
	Place of Business	2a. Mailing Address		··· · · · · · · · · · · · · · · · · ·	4. FEI Number			plied For
21 Suite, Apt. 2-1	. #, etc.	Suite, Apt. #, etc.		····	65-0015987 5. Certificate of Status Desired		\$8.75 A	
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
23 Z ₍₀	Country 25	28 Zip	Counti	у	8. This corporation has liability for		tax under s.	
	9, Name and Address of Curr				10. Name and Address of New R			
	CHEN, BARNEY B.		8	Name				
1840 WEST 49TH ST. 226 PALM SPRINGS CENTER				Street Ac	Idress (P.O. Box Number is Not Accepta	able)		
	LEAH FL 33012		8:	3				······································
			i i	4 City		<u> </u>	85 Zip (Code
			ĺ			<u>FL</u>		
SIGNATUHE	Signature Typed or product name of registered				orporation submits this statement for the ration's board of directors. I hereby according to the reinstaing. ADDITIONS/CHANGES TO OFF	DATE		
Till.E	D	☐ DELETE	1,1 TITLE				Change	Addition
NAVE:	GOLDSTEIN, MARK		1.2 NAM					
STREET ADDRESS	1190 NW 100 WAY PLANTATION FL			ET ADDRESS				
CHY-ST ZIP	POMINION FC	DELETE	1.4 CITY 2.1 TITLE				Change	Addition
NAME			2.3 NAMI				Orizingo	E Nagition
STREET ADDRESS				ET ADDRESS				
CITY ST-7IF			2. 4 CITY					
THEF		☐ DELETE	3.1 TITLE				Change	☐ Addition
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ȘTREET ADORESS	}		1	ET ADDRESS				
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NAME		T percit	4. 2 NAM	1			- J Childha	
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NAME			52 NAM					
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GITY - \$1 - ZIP		nri Fer	5.4 CITY				Chanas	Admit
TIME		DELETE	6.1 TITLE	ſ			☐ Change	Addition
NAME CARGO LAUGHERE			6.2 NAM	,				
STREET ADDRESS			63 STRE 6.4 CITY	ET ADDRESS				
CITY-S1-7/F 14. 1 do here	Leby certify that the information supp	lied with this filing does not gua			ted in Section 119.07(3)(i), Florida Statu	tes. I further	certify that	the

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 applied 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 of justice of sovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 18 or Block 3 if changed on or an analysis of an address.

SIGNATURE:

LINATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/87 954-965-3995

FILED

Apr 29 1997 8:00am

Secretary of State

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