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

DOCUMENT # M94206

(3)

DIXIE P	OWER EQU	JIPMENT, INC).										
1401 ALLENDA	ce of Business ALE ROAD BEACH FL 33405	1401 ALL	Mailing Address 1401 ALLENDALE ROAD WEST PALM BEACH FL 33405-1005 US					T FEBRURA NO ROAT DIRING HOM BOND	.	JI 81811 BIBH 41614	i (1801 100)		
							3. Date Incorporated or Qualified 08/15/1988 3a. Date of Last Report 01/23/1996			leport			
2. Principal F 21	Place of Busines	<u></u>	2a. Mailing Address 26			***********	4.	FEI Number 65-0081914			oplied For		
Suite, Apt	#, etc.	Suite	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75	ot Applicable Additional		
City & Stat	te	City &	City & State					Fee Required 6. Election Campaign Financing \$5.00 May Be					
23			28				-		1	Trust Fund Contribution		Added t	
Zip	_	Country	Zip		 1	ountry	1			This corporation has liability for			. 199.032,
24	9. Name and Address of Curren			29 30 Registered Agent			 			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	ERRY, ROBER	रा				81	Name	1					
17 SOUTH D. ST							Street	Addre	ss (P.	O. Box Number is Not Accept	lable)		
LAKE WORTH FL 33460							ļ			· · · · · · · · · · · · · · · · · · ·			
						83					,		
						84 City					F	85 Zip (Code
11. Pursuarit office or r agent. La	to the provision registered agen am familiar with,	is of Sections 697 it, or both, in the S and accept the c	.0502 and 607.150 State of Florida. Subbligations of, Secti	18, Florida Statu ch change was ion 607.0505, F	tes, the authoriz lorida St	above ed by	e-named y the cor s.	corpo poratio	oration on's bo	submits this statement for the oard of directors. I hereby acc			is registered registered
SIGNATURE.	Facilities and and		ed agont and title if applica										B-714
12.	arginalize, typied or	····	AND DIRECTORS		13		ent signatur	e required		reinslating) DDITIONS/CHANGES TO OFF	DATE FICERS AN	ID DIRECTOR	S IN 12
TITLE	PD			DELETE		TITLE		1				Change	Addition
NAME		BARBARA A.			1.2	NAME							
STREET ADDRESS	17 SOUTH LAKE WOR				1.3	STREET	ADDRESS						
CHY-ST-ZIP TITLE	VST			DELETE		CITY - S	T-ZIP	<u> </u>				Change	Addition
NAME	CHERRY, R	OBERT		□ pricere		NAME				,		L) Change	L.J AUGIIIOH
STREET ADDRESS	17 SOUTH						ADDRESS						
CITY ST-ZIP	LAKE WOR	TH FL			2.4	CITY-S	ST-21P						
TITLE	D CHERRY, R	ABERT		DELETE	3.1	TITLE						☐ Change	Addition
NAME	17 SOUTH					NAME							
STREET ADDRESS	LAKE WOR						ADDRESS						
CHY-S1-74P Tatle				DELETE		CITY-S	31-ZIP					☐ Change	Addition
NAME						NAME							
STREET ADDRESS					4.3	STREET	ADDRESS						
CITY+ST-ZIP					4.4	CITY-S	T-ZIP						
THE				DELETE		TITLE						☐ Change	Addition
NAME CURET ADDOLES						NAME	*******						
STREET ADDRESS CITY-ST-7/P							ADDRESS	1					
Title				DELETE		CITY-S TITLE	1-24	 				Change	Addition
NAME				•		NAME							
STREET ADDRESS							ADDRESS						

64CITY-ST-ZIP

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 opporation 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 17 if Chapter 607, Florida Statutes; and that my name

SIGNATURE:

and the Or PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR

4/5/97

(561) 89.4465

FILED

Apr 08 1997 8:00am

Secretary of State