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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P92000007250 (3		#	P92000007250	(3)
-----------------------------------	--	---	--------------	-----

APACHE TURF EQUIPMENT, INC.



Solva April 4, etc. Suite April 4, etc.	4700.00000		Mailing Address					
2. Principal Franç of Business 2. Principal Franç of Status Desired Principal François Princip	FT-PIERCE		PORT ST LUCIE FL	34985				
Supplement Sup			00			,		•
Substraction Subs	2. Principal Pla	ace of Business						
27			26		**************************************	65-0390316		Not Applicable
Trust Fund Commission Added to Fees Adde		#, etc.	·			5. Certificate of Status Desired		
28						, 3		
RINELLI, RICHARD 1585 SE SAXONY ST PORT ST LUCIE FL 34983 158 159 159 159 150 150 150 150 150			harring .	F	ntry		•	or s 199.032,
RINELLI, RICHARD 1585 SE SAXONY ST PORT ST LUCIE FL 34983 82		9. Name and Address of Current I	Registered Agent		****	10. Name and Address of New Re	gistered Agent	
1585 SE SAXONY ST PORT ST LUCIE FL 34983 11. Purvisions of Socious 607,0502 and 607,1508, Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Such change was authorized by the or registered agent, or both, in the State of Floride. Such change was authorized by the order agent of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the ordinations of, Section 607,0505, Horida Statutes. SIGNATURE Signature to the provisions of Socious 607,0502 and 607,1508, Horida Statutes. SIGNATURE Signature to the provisions of Socious 607,0502, Horida Statutes. SIGNATURE Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious for the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious for the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. Signature to the provisions of Socious 607,0502, Horida Statutes. S					81 Name			
PORT ST LUCIE FL 34983 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered digent, 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 607.0502 and 607.1508, Horida Statutes. SIGNATURE Signature OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE ORIGINALLI, RICHARD DELETE 1. 1 INLE RINELLI, RICHARD 1. 2 INME STREET ALDRESS CITY-ST-2P PORT ST LUCIE FL 34983 1. 4 CITY-ST-2P PORT ST LUCIE FL 34983 2. 2 INME STREET ALDRESS CITY-ST-2P PORT ST LUCIE FL 34983 2. 2 INME STREET ALDRESS CITY-ST-2P PORT ST LUCIE FL 34983 2. 3 STREET ALDRESS CITY-ST-2P PORT ST LUCIE FL 34983 2. 4 CITY-ST-2P TITLE DELETE 3. 1 INLE DELETE 3. 3 STREET ALDRESS CITY-ST-2P PORT ST LUCIE FL 34983 2. 4 CITY-ST-2P PORT ST LUCIE FL 34983 2. 4 CITY-ST-2P TITLE DELETE 3. 1 INLE DELETE 3. 3 STREET ALDRESS CITY-ST-2P AND DELETE 3. 1 INLE DELETE 3. 1 INLE DELETE 3. 1 INLE 4. 1 INLE 4. 1 INLE CHANGES CITY-ST-2P CHANGES C					82 Street Ad	dress (P.O. Box Number is Not Acceptable	9)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered off 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 607.0505, Florida Statutes. SIGNATURE Signature Signature Defects and Directors of protection of the provision agent as of the registered agent agents agent agents and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Defects and Directors are applied when remaining DAIL The Control of the provision and addition and accept the obligations of Section 607.0505, Florida Statutes. The application is board of directors. I hereby accept the appointment as registered off or registered off of directors. I hereby accept the appointment as registered off of rectors. I hereby accept the appointment as registered off of rectors. I hereby accept the appointment as registered off of rectors. I hereby accept the appointment as registered off of rectors. I hereby accept the appointment as registered off of rectors. I hereby accept the appointment as registered off of rectors. I hereby accept the appointment as registered off of rectors. I hereby accept the objectives applied agent agents as belief agents. I am familiar with, and accept the objective agent ag				Ī	B3		***************************************	
or registered agent, or both, in the Static 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 607.0505, Florida Statutes. SIGNATURE Signature, by of pretent have of registered agent in provides. 12. OF FICERS AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITHE D INTELLI, RICHARD STREET ADDRESS TIRE D INTELLI, BARBARA ISBS SE SAXONY ST PORT ST LUCIE FL 34983 ITHE D INTELLI, BARBARA INTE	ı				B4 City		FL 85	Zip Code
12.	or register familiar wit	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	. Such change was author n 607.0505, Florida Statute	ized by the co es.	orporation's bo	ard of directors. I hereby accept the appoi	ose of changing intment as regist	its registered office ered agent. I am
Title		Signature, typed or printed name of registered agent are	distle it applicable (f		Agent signature requi			
NAME RINELLI, RICHARD 12 NAME 13 STREET ADDRESS 1585 SE SAXONY ST 13 STREET ADDRESS 1585 SE SAXONY ST 14 CITY-SI-ZIP			**************************************			ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS 1585 SE SAXONY ST 13 STREET ADDRESS 14 CITY-S1-ZIP							பு	ige [_] Addition
City-St-ZiP								
Delete								
1585 SE SAXONY ST	·							
CITY-SI-ZIP			[] DELETE	2.1111	LL		☐ Chai	nge 🔲 Addition
TILE	NAME	, -	[] DELETE				Cha	nge 🔲 Addition
NAME		RINELLI, BARBARA J 1585 SE SAXONY ST	[] DELETE	2.2 NA	ME		Chai	nge [] Addition
STREET ADDRESS 3.3 STREET ADDRESS	STREET ADDRESS CITY+ST-ZIP	RINELLI, BARBARA J 1585 SE SAXONY ST		2.2 NAP 2.3 STP	ME REET ADDRESS			
CITY-ST-ZIP	STREET ADDRESS CHY-ST-ZIP TITLE	RINELLI, BARBARA J 1585 SE SAXONY ST		2.2 NAF 2.3 STF 2.4 C(T 3. 1 1)	ME REET ADDRESS Y-SI-71P LEF			
TILE DELETE 4.1 TILE Change Addition NAME 4.2 NAME 4.2 NAME STREET ADDRESS SOCIOLISSS SOCIOLISSS SOCIOLISSS SOCIOLISSS SOCIOLISS Addition Addition SOCIOLISS SOCIOLISS SOCIOLISS Addition Addition Addition Addition SOCIOLISS SOCIOLISS SOCIOLISS SOCIOLISS Addition Addition Addition Addition SOCIOLISS SOCIOLISS SOCIOLISS Addition Addit	STREET ADDRESS CITY+ST-ZIP TITLE NAME	RINELLI, BARBARA J 1585 SE SAXONY ST		2.2 NAN 2.3 STP 2.4 CIT 3. 1 TH 3.2 NAN	ME REET ADDRESS Y-S1-7/P ILF MF			
NAME	STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	RINELLI, BARBARA J 1585 SE SAXONY ST		2.2 NAF 2.3 STF 2.4 C(T 3. 1 1) 3.2 NAF 3.3 STF	ME REET ADDRESS Y-S1-7/P LF MF REET ADDRESS			
STREET ADDRESS	STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	RINELLI, BARBARA J 1585 SE SAXONY ST	☐ DELETE	2.2 NAN 2.3 STF 2.4 CIT 3.1 TH 3.2 NAN 3.3 STI 3.4 CIT	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP		Chai	nge Addition
TIFLE	STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	RINELLI, BARBARA J 1585 SE SAXONY ST	☐ DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3. 1 TII 3.2 NAM 3.3 STI 3.4 CIT 4. 1 TII	ME REET ADDRESS Y-S1-Z/P LF MF REET ADDRESS Y-S1-Z/P LE		Chai	nge Addition
TITLE DELETE 5.1TITLE ****ZUU.UU Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	RINELLI, BARBARA J 1585 SE SAXONY ST	☐ DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3. 1 TII 3.2 NAM 3.3 STI 3.4 CIT 4. 1 TII 4.2 NAM	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP LE ME	90000183	Chai	nge Addition
STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	RINELLI, BARBARA J 1585 SE SAXONY ST	☐ DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3.1 TII 3.2 NAM 3.3 STI 3.4 CIT 4.1 TII 4.2 NAM 4.3 SIF	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS	90000183 -05/22/96011	Chai	nge Addition
	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RINELLI, BARBARA J 1585 SE SAXONY ST	[] DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3.1 TII 3.2 NAM 3.3 STI 3.4 CIT 4.1 TII 4.2 NAM 4.3 SIF 4.4 CIT	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP		□ Cha □ Cha 155 4 9 13-041	nge Addition nge Addition
	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RINELLI, BARBARA J 1585 SE SAXONY ST	[] DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3. 1 III 3.2 NAM 3.3 STI 3.4 CIT 4.1 TIT 4.2 NAM 4.3 SIF 4.4 CIT 5. 1 TIT	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE LE ME REET ADDRESS		□ Cha □ Cha 155 4 9 13-041	nge Addition nge Addition
CITY - ST - ZIP 5.4 CITY - ST - ZIP 0.4 C	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	RINELLI, BARBARA J 1585 SE SAXONY ST	[] DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3. 1 III 3.2 NAM 3.3 STI 3.4 CIT 4.1 III 4.2 NAM 4.3 SIF 4.4 CIT 5. 1 III	ME REET ADDRESS Y-S1-ZIP LF MF REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE ME ME REET ADDRESS ME ME ME ME ME		□ Cha □ Cha 155 4 9 13-041	nge Addition nge Addition
TITLE DELETE 6.11TLF Charged Addition	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RINELLI, BARBARA J 1585 SE SAXONY ST	[] DELETE	2.2 NAN 2.3 SIF 2.4 CIT 3. 1 TII 3.2 NAN 3.3 STI 3.4 CIT 4.1 TII 4.2 NAN 4.3 SIF 4.4 CIT 5.1 TII 5.2 NAN 5.3 SIF	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP LE ME ME ME REET ADDRESS Y-SI-Z-P LE ME ME REET ADDRESS		□ Cha □ Cha 155 4 9 13-041	nge Addition nge Addition
NAME 62 NAME	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	RINELLI, BARBARA J 1585 SE SAXONY ST	☐ DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3. 1 TII 3.2 NAM 3.3 STI 4.4 TII 4.2 NAM 4.3 SIF 4.4 CIT 5. 1 TII 5.2 NAM 5.3 SIF 5.4 CIT	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-Z-P LE ME REET ADDRESS Y-SI-Z-P LE ME		□ Cha □ Cha 155 4 9 13-041	nge Addition nge Addition
STREET ADDRESS 6. 6. 6.3 STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	RINELLI, BARBARA J 1585 SE SAXONY ST	☐ DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3. 5 TII 3.2 NAM 3.3 STI 3.4 CIT 4.1 TII 4.2 NAM 4.3 SIF 4.4 CIT 5.1 TII 5.2 NAM 5.3 SIF 5.4 CIT 6.1 TIT	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-Z-P LE ME REET ADDRESS Y-SI-Z-P LE REET ADDRESS		□ Cha □ Cha 155 4 9 13-041	nge Addition nge Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1. do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	STREET ADDRESS CITY-ST-ZIP TITLE NAME	RINELLI, BARBARA J 1585 SE SAXONY ST PORT ST LUCIE FL 34983	☐ DELETE	2.2 NAM 2.3 SIF 2.4 CIT 3. 1 TII 3.2 NAM 3.3 STI 3.4 CIT 4.1 TII 4.2 NAM 4.3 SIF 4.4 CIT 5.1 TII 5.2 NAM 5.3 SIF 6.4 CIT 6.1 TII 6.2 NAM	ME REET ADDRESS Y-SI-ZIP LF MF REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS		□ Cha □ Cha 155 4 9 13-041	nge Addition nge Addition

**1471 do bereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 corporation 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 13 if changed, or on an attachment with an address.

SIGNATURE:

BIGNATURE

BIGNATURE

Destruct Florida

**Destruct Flo