

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000007772 (6)**

1. Corporation Name

**E.C. EQUIPMENT, INC.**

Principal Place of Business

Mailing Address

956 ELLER DR  
PORT EVERGLADES FL 33316  
US

P O BOX 21427  
FT LAUDERDALE FL 33335  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 725 SE 9th Court

26 725 SE 9th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami, FL

28 Miami, FL

24 33040

25 U.S.A.

29 33010

30 U.S.A.

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

02/15/1994

4. FEI Number

65-0370781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDELMAN, MARVIN  
2401 NW 69TH ST  
MIAMI FL 33147

81 Name

Lesnik, Gerald

82 Street Address (P.O. Box Number is Not Acceptable)

2401 N.W. 69th ST

83

84 City

Miami

FL

85 Zip Code

33147

11. Pursuant to the provisions of Sections 607.0502 and 607.1301, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 607.0501, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when changing)

(Title)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP  
NAME: EDELMAN, MARVIN  
STREET ADDRESS: 2401 NW 69TH ST  
CITY, ST, ZIP: MIAMI FL 33147

TITLE: DV  
NAME: LESNIK, GERALD  
STREET ADDRESS: 2401 NW 69TH ST  
CITY, ST, ZIP: MIAMI FL 33147

TITLE: D  
NAME: POLANSKY, SANFORD  
STREET ADDRESS: 413 POINCIANA ISLE  
CITY, ST, ZIP: MIAMI BEACH FL 33160

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated in 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 of the same, to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am an attachment with an affidavit.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

4-20-95 (305) 8633800