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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000018761 (5) DOCUMENT #

BULLSEYE EQUIPMENT RENTAL, INC.

FILED Mar 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				3 JOOTHOON AND LONDER VINIT MOUNT MONT MONT MEIDT EI	âdi (bin iania nien) iini sner	
1144 SOUTH CONGRESS AVE. 1144 SOUTH CONGRESS WEST PALM BEACH FL 33406 WEST PALM BEACH FL 3					DO NOT WRITE IN THIS	SPACE
					3. Date incorporated or Qualified 03/11/1993	
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			65-0394097	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State City &		City & State	y & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
9, Name and Address of Current Registered Agent CDECNE CHARLES 81					10. Name and Address of New Registered	Agent
GREENE, CHARLES			l'	31 Name		
9899 CROSS PINE COURT			[Street Add	ress (P.O. Box Number is Not Acceptable)	
LA	KE WORTH FL 33467		;	33		
			ļ.	34 City		85 Zip Code
				City	Fl	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.						
SIGNATURE						
	Signature typed or printed name of registered age			Agent signature requi	red when reinstaling} DATE	D DIDECTODO IVI 40
12.	OFFICERS AND	DELETÉ	13.	<u>- T</u>	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	GREENE, CHARLES	☐ pereit	1.1 1110			Coloringe Constitution
NAME	9899 CROSS PINE COURT		1.2 NA)			
STREET ADDRESS	LAKE WORTH FL 33467		1	EET ADDRESS		
CITY-ST-ZIP	D	DELETE	2.1 TITL	r-ST-ZIP		Change Addition
TITLE	FOX, MERRILL		2.2 NA			C Outside C Manifoli
NAME	4583 BARCLAY CRESCENT					
STREET ADDRESS	LAVE MODILLEL 00400			EET.ADDRESS		
CITY-ST-ZIP			2. 4 CIT 3.1 TITL	Y-ST-ZIP		Change Addition
TITLE			3.2 NAM			- commy represent
NAME etdeet annuese				eet address		
STREET ADDRESS				Y-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITI			☐ Change ☐ Addition
NAME			4, 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELE TE	5.1 TITL			Change Addition
NAME	1		5.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	6.1 TITE			Change Addition
NAME			6.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-7IP				-ST-ZIP		
OHII-DI-UE I			■ 0.4 GH	- G 1 * C 1		

14. I 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 corporation or the receiver or tryistee 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 for on an attachment with an address.