

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000038841 (1)

1. Corporation Name

EQUIPMENT EXPORTERS, INC.



Principal Place of Business

505 SOUTH SHORE DRIVE
OSPREY FL 34229
US

Mailing Address

505 SOUTH SHORE DRIVE
OSPREY FL 34229
US

2. Principal Place of Business

2a. Mailing Address

21 210 SEABOARD AVE

26 210 SEABOARD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 VENICE, FLORIDA

28 VENICE, FLORIDA

24 Zip

Country

29 Zip

Country

34292

25 SARASOTA

30 34292

31 SARASOTA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/01/1993

3a. Date of Last Report
04/17/1995

4. FEI Number

65-0412241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

LUBUS, SAMUEL J
505 S SHORE DRIVE
STE 311
OSPREY FL 34229

81 Name

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

83

84 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 agent and the individual

(NOTE: Registered Agent's signature prepared when not in office)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

P LUBUS, SAMUEL
505 S SHORE DRIVE
OSPREY FL

DELETE

V LUBUS, VALERIE
505 S SHORE DRIVE
OSPREY FL

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Lubus

4-19-95

941 486 8800

CR2E034 (12/95)