

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

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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000048958 (1)**

1. Corporation Name
ATLANTIC PUMP & EQUIPMENT COMPANY OF WEST PALM B EACH, INC.



Principal Place of Business 4389 WEST RD DR WEST PALM BCH FL 33407 US	Mailing Address 20 N ORANGE AVE SUITE 200 ORLANDO FL 32801-4604 US
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3. Date Incorporated or Qualified 07/06/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 4389 WEST ROADS DRIVE City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number 65-0420596	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	
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10. Name and Address of New Registered Agent	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	HUGHES, DAVID H <input checked="" type="checkbox"/> DELETE	1.1 TITLE DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME DAVID H HUGHES	
STREET ADDRESS		1.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP		1.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE DV <input checked="" type="checkbox"/> DELETE	HALL, A S JR	2.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME A STEWART HALL JR	
STREET ADDRESS		2.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP		2.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE P <input checked="" type="checkbox"/> DELETE	WALLIS, JOHN P III	3.1 TITLE S/AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME JAY CLARK	
STREET ADDRESS		3.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP		3.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE DST <input checked="" type="checkbox"/> DELETE	ZEPF, J S	4.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME J STEPHEN ZEPF	
STREET ADDRESS		4.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP		4.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE ASAT <input checked="" type="checkbox"/> DELETE	CLARK, JAY	5.1 TITLE AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME BENJAMIN P BUTTERFIELD	
STREET ADDRESS		5.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP		5.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE AS <input checked="" type="checkbox"/> DELETE	BLACKFORD, ROBERT N	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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 as changed, or on an attachment with an address.

SIGNATURE: Jay Clark REQUIRED JAY CLARK 1/14/97 407-841-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)