

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

FILED

May 02 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 # **P93000076359 (7)**

1. Corporation Name

COMMERCIAL MATERIAL HANDLING EQUIPMENT, INC.



Principal Place of Business	Mailing Address
252 RIDGE ROAD JUPITER FL 33477 US	252 RIDGE ROAD JUPITER FL 33477-9654 US

3. Date Incorporated or Qualified 11/04/1993	3a. Date of Last Report 06/19/1996
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2. Principal Place of Business	2a. Mailing Address
21 1542 Farrington Circle	26 1542 Farrington Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Heathrow FL	28 Heathrow FL
Zip	Zip
24 32746	29 32746
Country	Country
25 USA	30 USA

4. FEI Number 65-0448459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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		10. Name and Address of New Registered Agent											
CHARBONEAU, B L 252 RIDGE ROAD JUPITER FL 33477		<table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>1542 Farrington Circle</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>Heathrow FL</td> </tr> <tr> <td>85 Zip Code</td> <td>32746</td> </tr> </table>		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	1542 Farrington Circle	83		84 City	Heathrow FL	85 Zip Code	32746
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83													
84 City	Heathrow FL												
85 Zip Code	32746												

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARBONEAU, B L	1.2 NAME	
STREET ADDRESS	252 RIDGE ROAD	1.3 STREET ADDRESS	1542 Farrington Circle
CITY - ST - ZIP	JUPITER FL	1.4 CITY - ST - ZIP	Heathrow FL 32746
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an appointment with an address.

SIGNATURE: *Sandra B. Mortham* **RECEIVED** *B L Charboneau* **4/23/97** **407 423-8272**

CR2E034 (9/96)