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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9300 Name EQUIPMENT MANAGEMEN		)					
Principal Place of Business Mailing Address								
700 AERO LANE SANFORD FL 32771		PO BOX 1707 SAMFORD FL 32772-1707 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
<del></del>						11/17/1993		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For Not Applied For Not Applied For Not Applied For Not Applied For Applied For Not Applied For Applied For Not Applied			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			40.75			
22		27			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	0	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28	· · · · · ·			Trust Fund Contribution Added to Fees		
Žip	Country	Zip	Cou	ntry		This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.     Yes    No		
24	25 9. Name and Address of Curr	29 rent Registered Agent	30			Personal Property Tax due June 30. X Yes L No  10. Name and Address of New Registered Agent		
700 <b>SAI</b>	RNES, SCOTT L AERO LANE VIFORD FL 32771			82 83 84	City	ress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code		
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the ob- Signature, speed or protest same of registered					oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered and when reinstating)  DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P PARMICO COCATA	☐ DELETE		1.1 TITLE		LJ Change LJ Additio		
NAME	BARNES, SCOTT L 700 AERO LANE		1.2 NA					
STREET ADDRESS CITY-ST-ZIP	SANFORD FL		1.4 CI		ADDRESS			
TITLE	S	DELETE	2 1 TIT		1-21	Change Additio		
NAME	HAUN, KAREN	_	22 NA			_ ,		
STREET ADDRESS	700 AERO LANE		2.3 ST	REET	ADDRESS			
CITY - ST - ZIP	SANFORD FL 32771		2.40	TY-S	T-ZIP			
TITLE		DELETE	3.1 Ti1			L Change L Addition		
NAME			3.2 NA					
STREET ADDRESS					ADORESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CI 4.1 T/I		T-ZIP	Change Additio		
NAME		LJ DECEIL	4. 2 N			change Munitu		
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CI					
TITLE		DELETE	5.1 111		<del>"</del>	Change Additio		
NAME			5.2 NA	ME				
STREET ADDRESS			5357	REET.	ADORESS			
CITY-ST-ZIP			5.4 C/	[Y-S]	( - ZiP			
TITLE		☐ DELETE	61 TIT	LE		Change Additio		
NAME			6.2 NA	ME				

14. I hereby certify that the information supplied with this Hiling 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 supply iterital annual report is rue 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 of the receiver of trusten empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or man attaching with an address

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

May 07 1998 8:00am

Secretary of State