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

PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

DIVISION OF CORPORATIONS

]	990	DIVISION O	r Confor	~ IIC	JING				
DOCUMENT # P93000081244 (4) 1. Corporation Name									
CLINT	ON EQUIPMENT CORP.								
Principa! Place o	of Business	Mailing Address	Mailing Address			E FOUR INTER KIN TO TO THE BUILD IN			LIBIT BIBIT (1881 1881
5800 MIAMI	LAKES DRIVE	5800 MIAMI LAKES DRIVE							
MIAMI LAKE			MIAMI LAKES FL 33014						
•						3. Date Incorporated or Quali 11/19/1993	fied 3	a. Date of Last F 07/07/1	
2. Principal Plac	ce of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number 65-0457040			Applied For Not Applicable
Suite, Apt #.		Suite, Apt. #, etc.	and the same and t				a ==	\$8,7	5 Additional
22		27				5. Certificate of Status Desire	d [Fee	Required
City & State		City & State			 Election Campaign Financial Trust Fund Contribution 	ng E		00 May Be	
23 Zip	Country	Zip	Cou	intry		This corporation has liabilit	v for intar		ed to Fees s 199.032.
24	25	29	30			Florida Statutes	Yes 🌠	N o	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of N	ew Regi:	stered Agent	
ODECN ADTUND (
GREEN, ARTHUR J 1801 UNIVERSITY DRIVE			82	Street Ad	ldress (P.O. Box Number is Not Acc	eptable)			
	SPRINGS FL 33071			83					
				84	City			85 Z	Žip Code
11 Pursuant to	the provisions of Sections 607.050	12 april 607 1508 Florida Stati	ites the abo) 9ve	hamed coun	poration submits this statement for the	ie numos	e of changing its	registered office
or registere	d agent, or both, in the State of Flo i, and accept the obligations of, Sec	rida. Such change was author	ized by the	согр	oration's bo	poration submits this statement for the pard of directors. I nereby accept the	appointr	nent as registere	kl agent. Fam
SIGNATURE	i, and accept the obligations of, dec	Horida Statale	Jo.						
S	lignature, typed on printed halve, of register of agen			ا ز ۱۸	t Signature respo	ared when renstating	OFFICE	DATE	
12.	D OFFICERS AS	NO DIRECTORS	13.		I	ADDITIONS/CHANGES TO	OFFICE	S AND DIRECTO	
NAME	GLAZER, MARC	<u></u>		1.2 NAME					
STREET ADDRESS	12600 BURNING TREE LA		135	THEET	ADDRESS				
CITY - ST - ZIP	CORAL SPRINGS FL 3307			14 CH Y - S1 - Z#				<u></u>	
TITLE	•			2 1 TIBLE				Change	Addition
NAME	NALL, CHARLES 246 NEPTUNE AVE		22 N		100m cc				
STREET ADDRESS CITY-ST-ZIP	LAUDREDALE BY THE SE	A FI			ADDRESS II ZIP				
TITLE	D	DELETE	3 1 [,, 21			Change	Addition
NAME	SCANNAVINO, FRANK		3 2 N	AME					
STREE! ADDRESS	11960 N.W. 2ND CT.		335	THEE	ADDRESS				
CHTY - ST - ZIP	CORAL SPRINGS F 33071	the second secon			ST - Z16			— Changa	
TITLE		☐ DELETE	4 1 7					☐ Change	e 🔲 Addition
NAME STREET ADDRESS			42N		ADDRESS				
CITY - ST - ZIP					ST - ZIP				
TITLE		☐ DELÉTE	5 1 1					☐ Change	e 🔲 Addition
NAME			5 2 N	AME	İ				
STREET ADDRESS					ADURESS				
CITY · ST · ZIP		☐ D£L€ TE	5 4 C		S1 - ZIF			Change	Addition
TITLE NAME			62N					⊢ cuarite	☐ vogue.
STREET ADDRESS					ADDRESS				
CITY - ST - 2IP		1 1			SI - ZIP				
14. I do hereby	certify that the information supplied	I with this filing is voiunity	rhished and	doe	s not qualifi	fy for the exemption stated in Section arate and that my signature shall hav	119.07(3	3)(k), Florida Stali	utes I further
oath; that I	rne information indicated on this ani ani an officer or director of the corp Block 12 or Block 13 if changed, or	ioral of or hie receipt or trus	tee empowe			this report as required by Chapter 6			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR