Apr 19, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000025261

1. Corporation Name

CRD EQUIPMENT AND MANAGEMENT INC.

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Principal Place	e of Business	Mailing Address					<b>                                    </b>	99118 378		11848 91	(+m) (+m) (4 <b>0</b> )
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The state of the s			W PALM BCH FL 33407			DO NOT WRITE IN THIS SPACE					
US .	•	US				<ol> <li>Date Incorporated or 03/29/1994</li> </ol>	Qualified			•	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number				<u> </u>	lied For
21		26		, , ,		65-04895 <u>1</u> 7					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status I	esired []				ditional
22	the second second second	27	· -		<u> </u>	<u> </u>	- :			e Req	
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23		28				Trust Fund Contribut				sea to	Fees
Zip	Country	Zip	Counti	.ry		8. This corporation owe			igibie ⊒Yes	г	□No
24	25		30			Personal Property Ta 10. Name and Address					
	9. Name and Address of Curre	nt Registered Agent		1 N	lame	TV, Maille and Address	Of Idem Kegjisi	0100 7	gorit		
DANI	IELLO, LOUIS J		٦	"  "	anic						
	LAKESHORE DR PH27		8:	2 S	treet Addre	ess (P.O. Box Number is N	ot Acceptable)				
	ALM BCH FL 33408			12				-			
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	•		8	4 C	ity				85	Žip C	ode ·
								<u>FL</u>	<u> </u>		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	oz and 607.1506, Florida Statute e of Florida. Such chance was au	thorized b	ve-ne	arried corp	oration submits this stateme	ehv accept the	annointi	ment c	9	istered
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14. I 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 attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP 1: