FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050110 (3)

1. Corporation Name

USED EQUIPMENT, INC.

Principal Place of Business

4301 NORTH OCEAN BLVD.
SUITE 1603-A
BOCA RATON FL 33431

Mailing Address

4301 NORTH OCEAN BLVD.
SUITE 1603-A
BOCA RATON FL 33431

3. Date Incorporated or Qualified: 07/01/1994

3a. Date of Last Report: 01/19/1995

4. FEI Number: 65-0499864 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation is liable for intangible tax under s. 199.032, Florida Statutes. [✓] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

HANFORD, THOMAS J
4301 NORTH OCEAN BLVD.
SUITE 1603-A
BOCA RATON FL 33431

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 617.0502, 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. [illegible] ... I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME	HANFORD, THOMAS J		NAME	
STREET ADDRESS	4301 N. OCEAN BLVD., SUITE 1603-A		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	
TITLE	D	[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME	WYSONG, MAX L JR.		NAME	
STREET ADDRESS	4079 ILEX CIRCLE NORTH		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	
TITLE		[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		[ ] DELETE	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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.

SIGNATURE: Max L. Wysong 3/29/96 407-622-8810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)