FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000053903 (8)**

1. Corporation Name
T & N EQUIPMENT COMPANY

Principal Place of Business
7135 SPORTSMAN DR
NORTH LAUDERDALE FL 33068

Mailing Address
7135 SPORTSMAN DR
NORTH LAUDERDALE FL 33068-5434

3. Date Incorporated or Qualified: **07/21/1994**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business
21 **10410 S.W. 185 TERRACE**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FLORIDA**
Zip: 24 **33157** Country: 25 **U.S.A.**

2a. Mailing Address
26 **P. O. BOX 570992**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FLORIDA**
Zip: 29 **33257-0992** Country: 30 **U.S.A.**

4. FEI Number: **65-0506374** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BURGER, ALAN M ESQ.
9990 S.W. 77TH AVE.
PENTHOUSE FIVE
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: **BURGER, ALAN M., ESQ.**
82 Street Address (P.O. Box Number is Not Acceptable): **200 SOUTH BISCAYNE BOULEVARD**
83 **SUITE 2350**
84 City: **MIAMI, FLORIDA** **FL** 85 Zip Code: **33131-2328**

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: (Signature of New Registered Agent, if changed, or of Present Registered Agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BALES, ANN MARIE		1.2 NAME		
STREET ADDRESS	16601 SW 144 PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLAYTON, THOMAS E.		2.2 NAME		
STREET ADDRESS	26204 SW 124 CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BALES, JAMES C.		3.2 NAME		
STREET ADDRESS	16601 SW 144 PL.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE	DST	☒ Change ☐ Addition
NAME	GOLDMAN, ROBERT M.		4.2 NAME		
STREET ADDRESS	7135 SPORTSMAN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: Robert M. Goldman, Treas/Dir ROBERT M. GOLDMAN, TREAS. 3/17/97 305-233-6316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #