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FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

10410 S.W. 185 TERR.
MIAMI FL 33157
US

Mailing Address

P.O. BOX 570992
MIAMI FL 33257-0992
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1994

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BURGER, ALAN M ESQ.
200 SOUTH BISCAYNE BLVD.
STE. 2350
MIAMI FL 33131

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 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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP BALES, ANN MARIE
STREET ADDRESS 16601 SW 144 PLACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME DVP CLAYTON, THOMAS E.
STREET ADDRESS 28204 SW 124 CT.
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ DELETE

NAME DST GOLDMAN, ROBERT M.
STREET ADDRESS 7135 SPORTSMAN DR.
CITY-ST-ZIP N. LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 8013 S.W. 199 TERRACE
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33189

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 29935 S.W. 169 COURT
2.4 CITY-ST-ZIP HOMESTEAD, FLORIDA 33030

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 15838 N.W. 10th STREET
3.4 CITY-ST-ZIP PEMBROKE PINES, FLORIDA 33028

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 000002535530

4.3 STREET ADDRESS -07/22/98--01065--020

4.4 CITY-ST-ZIP ***150.00 ***150.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.
ROBERT M. GOLDMAN, TREAS

1/14/98

305-233-6316

DeVine Phone # 0268088