

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000053903**

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**

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90276 030 ***150.00



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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

PAUL N. CONTESSA, ESQUIRE

82 Street Address (P.O. Box Number is Not Acceptable)

CORAL REEF PLAZA, SUITE # 207

83

15321 SOUTH DIXIE HIGHWAY

84

**City
MIAMI,**

FL

85

**Zip Code
33157**

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

PAUL N. CONTESSA

03/05/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **DP**
STREET ADDRESS **BALES, ANN MARIE**
CITY-ST-ZIP **8013 S.W. 199 TERRACE**
MIAMI FL 33189

TITLE ☒ DELETE
NAME **DVP**
STREET ADDRESS **CLAYTON, THOMAS E**
CITY-ST-ZIP **29935 S.W. 169 COURT**
HOMESTEAD FL 33030

TITLE ☒ DELETE
NAME **DST**
STREET ADDRESS **GOLDMAN, ROBERT M**
CITY-ST-ZIP **15838 N.W. 10TH STREET**
PEMBROKE PINES FL 33028

TITLE ☐ DELETE
NAME **JOE WARD**
STREET ADDRESS **10410 S.W. 185 TERRACE**
CITY-ST-ZIP **MIAMI, FLORIDA 33157**

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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)(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.

SIGNATURE:

PAUL N. CONTESSA

03/05/99

Date

Daytime Phone #

CR2E034 (11/98)