**RECORD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.**
**AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

# DOCUMENT # P94000065674 (1)

**FILED**
95 JUL -7 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name

**AMERICAN BUSINESS EQUIPMENT INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1543 DONNA RD.<br>WEST PALM BEACH FL 33409 | 1543 DONNA RD.<br>WEST PALM BEACH FL 33409 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2720 NORMAN DRIVE
22: Suite, Apt. #, etc.
23: City & State: West Palm Beach
24: Zip: 33409
25: Country: Palm Bch.

2a. Mailing Address
26: 2720 NORMAN DRIVE
27: Suite, Apt. #, etc.
28: City & State: West Palm Beach
29: Zip: 33409
30: Country: Palm Bch

4. FEI Number: 65-0519474 ☐ 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

LOCKLAIR, IVA
1543 DONNA RD.
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

61 Name:
62 Street Address (P.O. Box Number is Not Acceptable): 2720 NORMAN DRIVE
63:
64 City: West Palm Beach **FL** 65 Zip Code: 33409

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: Iva Locklair — 6/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | D/P | ☒ Change ☐ Addition |
| NAME | LOCKLAIR, IVA | 1.2 NAME | | |
| STREET ADDRESS | 127 CORDOBA CIRCLE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | D/S/T | ☒ Change ☐ Addition |
| NAME | LOCKLAIR, JAMES B | 2.2 NAME | | |
| STREET ADDRESS | 127 CORDOBA CIRCLE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | D/VP | ☒ Change ☐ Addition |
| NAME | LOCKLAIR, LORIANNE | 3.2 NAME | | |
| STREET ADDRESS | 127 CORDOBA CIRCLE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Iva Locklair - Pres. — 6/22/95 — 407-6973099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003884 CP