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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY - ST - ZIP

SIGNATURE:

David



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

∂(10/97 941-366-6660

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000083705 (1)

EQUIPMENT MANAGEMENT SERVICE, INC.

% DAVID S. BAND % DAVID S. BAND 240 S. PINEAPPLE AVE., 10TH FLOOR P.O. BOX 49948 SARASOTA FL 34230-6948 SARASOTA FL 34236 3. Date incorporated or Qualified 3a. Date of Last Report 11/16/1994 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0540494 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 **Trust Fund Contribution** Added to Fees Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAND, DAVID S 240 S. PINEAPPLE AVE. Street Address (P.O. Box Number is Not Acceptable) 10TH FLOOR 83 SARASOTA FL 34236 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. Addition DELETE 1.1 TITLE Change TITLE BAND, DAVID S. 1.2 NAME NAME CR2E034 240 S. PINEAPPLE AVE., 10TH FL 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CHY-ST-ZIP 1.4 CITY-\$T-ZIP DELETE Change Addition 2.1 TITLE TITLE GITHLER, CHARLES E. III NAME 2.2 NAME 1543 2ND STREET 23 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2 4 CRY+ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 31 TITLE MATZKIN, STEVEN R. 3.2 NAME NAME 1343 MAIN STREET, 7TH FLOOR STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition THLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS **6.3 STREET ADORESS**

64 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)(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 ph an attachment with an address.

AVE DE SIGNING OFFICER AR DIRECTOR