

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

FILED

May 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000087587 (9)

1. Corporation Name
EVERGLADES EQUIPMENT SALES & LEASING INC.



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| Principal Place of Business 1580 SE 28TH ST. FT LAUDERDALE FL 33316 US | Mailing Address P.O. BOX 165119 FT LAUDERDALE FL 33316-5119 US |
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|---|--|--|--|--|--|
| 2. Principal Place of Business 21 1580 SE 25th ST. Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 12/02/1994 | 3a. Date of Last Report 05/21/1996 |
| 22 City & State | | 27 City & State | | 4. FEI Number 65-0544647 | Applied For Not Applicable |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 25 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|--|--|---|--------------------------------|
| 9. Name and Address of Current Registered Agent PROFESSIONAL TAX CONSULTANTS INC 1801 S DIXIE HWY STE 219 POMPANO BEACH FL 33060 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name ILENE R. BEISER | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 4747 HOLLYWOOD BLVD | |
| | | | | 83 #161 | |
| | | | | 84 City HOLLYWOOD | 85 Zip Code FL 33021 |

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 *Ilene R. Beiser* *ILENE R. BEISER* DATE *4/28/97*
Signature of type-set or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|----------------------------|---------------------------------|---------------------|---|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 1.2 NAME | | | | | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 2.2 NAME | | | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 3.2 NAME | | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 4.2 NAME | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 5.2 NAME | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 6.2 NAME | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | 6.4 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 on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)