

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # P95000020763 (5)**

1. Corporation Name  
**AFFORDABLE EQUIPMENT INC.**



Principal Place of Business: **388 S. MILITARY TRAIL WEST PALM BEACH FL 33415**  
Mailing Address: **388 S. MILITARY TRAIL WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified: **03/13/1995**  
3a. Date of Last Report: [Blank]  
4. FEI Number: **65-0566611**  
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

2. Principal Place of Business: [Blank]  
21. Suite, Apt. #, etc.: [Blank]  
22. City & State: [Blank]  
23. Zip: [Blank] Country: [Blank]  
24. [Blank] 25. [Blank] 26. Mailing Address: [Blank]  
26. Suite, Apt. #, etc.: [Blank]  
27. City & State: [Blank]  
28. Zip: [Blank] Country: [Blank]  
29. [Blank] 30. [Blank]

9. Name and Address of Current Registered Agent  
**NEWMAN, MICHAEL A  
388 S. MILITARY TRAIL  
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent  
81. Name: [Blank]  
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83. [Blank]  
84. City: [Blank] 85. Zip Code: **FL**

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: *Michael A. Newman* (Typed or printed name of registered agent and title, if applicable)  
DATE: **4-26-96** (Date of Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Johnny Bohner</b>	
STREET ADDRESS	<b>5133 Woodstone Cir East</b>	
CITY-ST-ZIP	<b>Lake Worth, FL 33463-5819</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Michael Newman</b>	
STREET ADDRESS	<b>239 Beverly Rd.</b>	
CITY-ST-ZIP	<b>West Palm Beach FL 33405</b>	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>600001830146</b>
4.4 CITY-ST-ZIP	<b>-05/20/96--01065--020</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>***200.00</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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: *Michael A. Newman* Michael A. Newman U.P. DATE: **4-26-96** 407-478-4407

CR2E034 (12/95)