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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000021993 (7)

**BRETTLER EQUIPMENT & SUPPLY COMPANY** 

Principal Place of Business 9301 NW 24TH CT FT LAUDERDALE FL 33322

2. Principal Place of Business

21

Mailing Address

9301 NW 24TH CT

2a. Mailing Address

26

FT LAUDERDALE FL 33322

## **FILED** Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

03/17/1995

65-0565185

4. FEI Number

Suite. Apt.	. #, etc.		Suite, Apt. #, etc.							_	0	Ot	П	\$8.75	Additional	
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24		30				Щ,			erty Tax due Jui			_ No				
9. Name and Address of Current Registered Agent										7	0.	Name and Ad	dress of New F	legistered	Agent	
BRETTLER, GLORIA								l N	lame			*				
9301 NW 24TH CT									treet Ado	dress	(P.	O. Box Numb	er is Not Accept	able)		
FT LAUDERDALE FL 33322													<u> </u>			
							84	Ç	ity				· · · · · · · · · · · · · · · · · · ·	FI	85 Zip	Code
11. Pursuant	bove	:na	amed cor	porat	tion	submits this s	statement for the	nurnose	of changing i	ts registered						
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 regulred when reinstating)  DATE																
12. OFFICERS AND DIRECTORS (NOTI							Hagistered Agent signature requir			ired wi			IANOSS TO OSS	DATE	in Dinentor	OC 181 40
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SIGNAT	SIGNATURE: NORWE PRECEDENTED BrETTLER 1/20/98 954-746-204															