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

PROFIT CORPORATION ANNUAL REPORT



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

1996

POCUMENT # P9500050498 (1)

SIZEM Principal Place	ORE EQUIPMENT, INC.	Mailing Address	·							
18850 S.W. 216 STREET MIAMI FL 33170		18850 S.W. 216 STREET MIAMI FL 33170								
						3. Date Incorporate 06/28/199		3a. Date	of Last F	leport
2. Principal Pa	see of Business	2a. Mailing Address			4. FEI Number	07/6	17		Applied For	
1] Suite, Apt. #, etc.		Suite Apt #, etc.			65-05	7161			Not Applicable	
22	-, en .	27 Stine, PQ: #, etc.				5. Certificate of Sta	tus Desired			5 Additional Required
City & State		Oty & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Z(;)	Country	Zip Countr				·		Added to Fees for intangible tax under s 199,032,		
24	25	29	30			Florida Statutes 🔀 Yes 🗌 No				
	9. Name and Address of Curr	ent Registered Agent				10. Name and Add	ress of New	Registered	Agent	
1440	IOUN D		[	31	Name					
MAAS, .	16TH STREET		E	2	Street Addr	ess (P.O. Box Number i	s Not Accepta	ble)		
	TEAD FL		E	3					·	
			ļ	1-						
				4 1	City			FI	<b>85</b> Z	ip Code
færrlige wit Stests ATURE 12.	ed agent, or both, in the State of Fic th, and accept the obligations of, Se Squature spector probabilisms of representations OFFICERS A	oction 607.0505, Florida Statute entand tilc napileanu (r NND DIRECTORS	NOTE Progression A					DATE		
TITE TO THE TOTAL	D	☐ DELFTE	1 1 101	ŧ	- 6	7			Cnange	Addition
Mitte	FREE, JOHN U JR		1.2 NAN	1.2 NAME		) r				
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turk StrZer Historia	D	["] DELETE	14 CITY			70 -			Change	Grane.
h/b).	SIZEMORE, JOHN W	C'I perese		2 1 TIBLE 2 2 NAME		76,5		ı	Change	Addition
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UCS SEZNE	MIAMI FL 33030		2 4 CITY							
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Offic SC ZB			34 CITY		ZIP				T 1 ()	The Assessment
K.e.		FIDSTELL	4.1 TITI 4.2 NAA						Change	Addition
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City St Ziii			4.5 3 IN							
Tillet		☐ DELETE	5 1 Hi					<del></del>	Change	Addition
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T HE NAME		☐ DELETE		6 1 TIFLE 62 NAME					☐ Change	Addition Addition
SURSEL ADDRESS			63 S18		ODRESS					
011 - 51 - 719			64 CH1							
14. I do hereb	it by certify that the information supplic	ed with this filing is voluntarily fu	mished and d	005 1	not qualify fi	or the exemption stated	in Section 11	9.07(3)(k), Fid	orida Statu	ites. I further
certity that oath; that	f the information indicated on this ar Lam an officer or director of the coi i Block 12 or Block 13 if changed, c	nnual report or supplemental ar quaration or the receiver or trus	nnual report is teo empowere	true	and accura	ite and that my signatur	e shall have th	e canve lena	affact ac	if made under

SIGNATURE:

IGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 305-596-276