SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000060827 (9) A&M EQUIPMENT, INC. Principal Place of Business Mailing Address 224 N.W. 80TH TERRACE 224 N.W. 80TH TERRACE MARGATE FL 33063 MARGATE FL 33063 3. Date incorporated or Qualified 3a. Date of Last Report 08/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{(i)}$ Country 8. This corporation has liability for intangible tax under s. 199 032 Yes No 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent RUBINCHIK, HARVEY L 1776 N. PINE ISLAND ROAD #118 **PLANTATION FL 33322** ŔЗ 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 reg office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby ancept the appoagent Tam family with and accept the obligations of Section 607 0505, Florida Statutes. nal of registered agent and bite it applicable (96/8)12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1 1 TITLE NAME MORRISSEAU, MICHELLE 1.2 NAME CR2E034 224 N.W. 80TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP 1.4 CITY - ST - 2IP DELETE 2 1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 7/11/8 Change Add-tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - \$1 - ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filting is voluntarily lurnished 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 it 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 617. Florida Statutes, and

ranged, or on an attachment with an address

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

that my name appears in Bloc

SIGNATURE: