

**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

**DOCUMENT # P95000063633 (8)**

1. Corporation Name

**ALL SOUTH EQUIPMENT CORPORATION**



Principal Place of Business

Mailing Address

**4707 140TH AVENUE NORTH BLDG. 300  
STE 315  
CLEARWATER FL 34622**

**POST OFFICE BOX 18073  
CLEARWATER FL 34622**

3. Date Incorporated or Qualified

3a. Date of Last Report

**08/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4707 140th AVE NORTH**

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **STE 307**

27

City & State

City & State

23 **CLEARWATER FL**

28

Zip

Country

Zip

Country

24 **34622**

25

**PINELLAS**

29

30

4. FEI Number

Applied For

**59-3331502**

Not Applicable

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. 199.03? Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUBIN, STUART M  
4707 140TH AVENUE NORTH BLDG. 300  
STE 315  
CLEARWATER FL 34622**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**4707 140th AVE NORTH**

83 **STE 307**

84 City **CLEARWATER**

85 **FL**

Zip Code **34622**

11. Pursuant to the provisions of Sections 607.0522 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 607.0535, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent or director)

Print Name of Agent or Director (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME **P RUBIN, STUART M**  
STREET ADDRESS **4707 140th AVE NORTH**  
CITY - ST - ZIP **CLEARWATER FL 34622**

TITLE  DELETE

NAME **ST JUDAH, PEGGY**  
STREET ADDRESS **4707 140th AVE NORTH**  
CITY - ST - ZIP **CLEARWATER FL 34622**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

11 NAME

12 STREET ADDRESS

13 CITY - ST - ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**400001862474  
-06/14/96--01071--007  
\*\*\*225.00**

**6-14-96**  
**ASB**

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:

*Stuart M Rubin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 21 96

(813) 524 6620

CR2E034 (12/95)