

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P95000063633 (8)**  
 1. Corporation Name

**All South Equipment Corporation**

Principal Place of Business: **Airport Business Center  
 4707 140th Ave No. #307  
 Clearwater, FL 34622**

Mailing Address: **PO Box 18073  
 Clearwater, FL 34622**

3. Date Incorporated or Qualified: **8-17-95**      3a. Date of Last Report: **5-21-96**

4. FEI Number: **59-3331502**      Applied For:  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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **4707 140th Ave No.**      2a. Mailing Address: **PO Box 18073**

21. State: **307**      26. Suite, Apt. #, etc.: **Clearwater, FL**

22. City & State: **Clearwater, FL**      27. City & State: **Clearwater, FL**

23. Zip: **34622**      28. Country: **USA**

24. Zip: **34622**      29. Country: **USA**      30. Country: **USA**

**9. Name and Address of Current Registered Agent**

**Stuart M. Rubin  
 4707 140th Ave N. #307  
 Clearwater, FL 34622**

**10. Name and Address of New Registered Agent**

81. Name: \_\_\_\_\_

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

83. \_\_\_\_\_

84. City: \_\_\_\_\_      85. Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**       DELETE

1.1 TITLE: **President**       Change       Addition

1.2 NAME: **Stuart M. Rubin**

1.3 STREET ADDRESS: **4707 140th Ave No. #307**

1.4 CITY-ST-ZIP: **Clearwater, FL 34622**

2.1 TITLE: **Secretary, Treasurer**       DELETE

2.2 NAME: **Peggy Judah**

2.3 STREET ADDRESS: **4707 140th Ave No. #307**

2.4 CITY-ST-ZIP: **Clearwater, FL 34622**

3.1 TITLE: \_\_\_\_\_       DELETE

3.2 NAME: \_\_\_\_\_

3.3 STREET ADDRESS: \_\_\_\_\_

3.4 CITY-ST-ZIP: \_\_\_\_\_

4.1 TITLE: \_\_\_\_\_       DELETE

4.2 NAME: \_\_\_\_\_

4.3 STREET ADDRESS: \_\_\_\_\_

4.4 CITY-ST-ZIP: \_\_\_\_\_

5.1 TITLE: \_\_\_\_\_       DELETE

5.2 NAME: \_\_\_\_\_

5.3 STREET ADDRESS: \_\_\_\_\_

5.4 CITY-ST-ZIP: \_\_\_\_\_

6.1 TITLE: \_\_\_\_\_       DELETE

6.2 NAME: \_\_\_\_\_

6.3 STREET ADDRESS: \_\_\_\_\_

6.4 CITY-ST-ZIP: \_\_\_\_\_

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**       Change       Addition

1.1 TITLE: \_\_\_\_\_

1.2 NAME: \_\_\_\_\_

1.3 STREET ADDRESS: \_\_\_\_\_

1.4 CITY-ST-ZIP: \_\_\_\_\_

2.1 TITLE: \_\_\_\_\_       Change       Addition

2.2 NAME: \_\_\_\_\_

2.3 STREET ADDRESS: \_\_\_\_\_

2.4 CITY-ST-ZIP: \_\_\_\_\_

3.1 TITLE: \_\_\_\_\_       Change       Addition

3.2 NAME: \_\_\_\_\_

3.3 STREET ADDRESS: \_\_\_\_\_

3.4 CITY-ST-ZIP: \_\_\_\_\_

4.1 TITLE: \_\_\_\_\_       Change       Addition

4.2 NAME: \_\_\_\_\_

4.3 STREET ADDRESS: \_\_\_\_\_

4.4 CITY-ST-ZIP: \_\_\_\_\_

5.1 TITLE: \_\_\_\_\_       Change       Addition

5.2 NAME: \_\_\_\_\_

5.3 STREET ADDRESS: \_\_\_\_\_

5.4 CITY-ST-ZIP: \_\_\_\_\_

6.1 TITLE: \_\_\_\_\_       Change       Addition

6.2 NAME: \_\_\_\_\_

6.3 STREET ADDRESS: \_\_\_\_\_

6.4 CITY-ST-ZIP: \_\_\_\_\_

*RW*  
*5-14-97*

**400002190544**  
**-05/27/97--01002--015**  
**\*\*\*165.00**

14. I, \_\_\_\_\_, do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*      **STUART M. RUBIN**      Date: **4-28-97**      Daytime Phone #: **(813) 6620**

CR2E034 (9/96)