

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063633 (8)
 1. Corporation Name
ALL SOUTH EQUIPMENT CORPORATION



Principal Place of Business 4707 140TH AVENUE NORTH CLEARWATER FL 33762	Mailing Address POST OFFICE BOX 18073 CLEARWATER FL 33762
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3331502	Applied For Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

JUDAH, PEGGY
4707 140TH AVENUE NORTH
CLEARWATER FL 33762

81 Name Stuart M. Rubin
82 Street Address (P.O. Box Number is Not Acceptable) 4707 140th Ave. N.
83 Suite 307
84 City Clearwater
85 FL Zip Code 33762

11. Pursuant to the provisions of Sections 607.0602 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the nature and obligations of Section 607.0605, Florida Statutes.

SIGNATURE: **STUART M. RUBIN, PRESIDENT** DATE: **MAY 25 1998**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PTSD	<input type="checkbox"/>
NAME	JUDAH, PEGGY	
STREET ADDRESS	4707 140TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	Pres./Secy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Stuart M. Rubin		
13 STREET ADDRESS	4707 140th Ave., N. Suite 307		
14 CITY-ST-ZIP	Clearwater, FL. 33762		
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I 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: *[Signature]* **4/28/98 813 524 6620**

CR2E034 (10/97)