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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 29 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # P95000 O EQUIPMENT, INC.	0079774 (2)			
Principal Plac	e of Business	Mailing Address		I IDBISDEN (10 CENEU MINICEDINI EDINI ODNI)	I MAITE IAMEN ONDE ORGE ORGE INDE
10185 COLLINS AVE.		% LIANNE J. MOORE		ļ	
1518		2565 SHETLAND PARK ST	. LAZARA		
BAL HARBOUR FL 33154		OUEBEC CANADA JOP JVI	9-J7T 2-B1	DO NOT WRITE I	N THIS SPACE
U\$		US	_	 Date Incorporated or Qualified 10/18/1995 	100
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		98-0158924	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	ZID	Country	8. This corporation owes or has paid	I the current year Intangible
24	25	29 777 281	30	Personal Property Tax due June 3	/
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regi	istered Agent
PE	RLOW, JEFFREY M		81 Name		
1000 E MALLANDALE DEACH DIVID				dress (P.O. Box Number is Not Acceptable	0)
	ALLANDALE FL 33009		3(186) 70(oress (F.O. Box Number is Not Acceptable	"
		·	83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s. the above-named cor	poration submits this statement for the pu	<u> </u>
office or r	registered agent, or both, in the State o	if Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept	the appointment as registered
agent. i a	im familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and tills if applicable AVIII	Registered Agent signature requ	steed when rejectories	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	MOORE, LIANNE J		1.2 NAME		· -
STREET ADDRESS	2565 SHETLAND PARK, ST. L	AZARE	1.3 STREET AODRESS		: · ·
CITY-ST-ZIP	QUEBEC CANADA JOP IVO	— "	1.4 CITY-ST-ZIP	ゴ	7T 281
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	MOORE, RICHARD W		2.2 NAME		
STREET ADDRESS	1225 ROCKLAND		2.3 STREET ADDRESS		
	MOUNT ROYAL QU H3P2X-9			HOUNT ROYAL Q.	JEBEC HZP ZX9
CITY-ST-ZIP TITLE	MOONT HOTAL GO TRI ENG	DELETE	3.1 TITLE	10001	Change Addition
NAME		L.J OCICIL	32 NAME		T curation
			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			1		
CITY-ST-ZIP TITLE	-	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
			1		T Qualife T validati
NAME ATOTET ADDOSES			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	· ·	DELETE	4.4 CITY-ST-ZIP		Obanes Lady
TITLE		L. DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	pertify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I fu	irther certify that the information
officer or	director of the corporation or the received	remai report is true and accul	ecute this report as rec	ure shall have the same legat effect as if ri quired by Chapter 607, Florida Statutes; ar	rade unioer oath; that I am an nd that my name appears in
Block 12	or Bl oc k 13 if chan loed , or o≪an attach	ment with an address,			• •