

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 STATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000087186 (9)

1. Corporation Name

EQUIPMENT DEPOT, INC.

FILED

96 SEP -3 AM 8:28

SECRETARY OF STATE



Principal Place of Business

Mailing Address

2200 NORTH FORSYTH RD., B-4
ORLANDO FL 32807

2200 NORTH FORSYTH RD., B-4
ORLANDO FL 32807

3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2427 N. Forsyth Rd.

26 2427 N. Forsyth Rd.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 J

27 J

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32807

25 Orange

29 32807

30 Orange

4. FEI Number

Applied for

✓ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARL A. BURGUNDER, P.A.
1757 W. BROADWAY, STE. 4
OVIEDO FL 32765

81 Name
Kosto & Rotella, P.A.

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

619 East Washington St.

83

84 City

Orlando

FL

85 Zip Code
32802

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

X

RAY ROTELLA

(Signature typed and printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEONARD, APRIL
2427 NORTH FORSYTH RD., B-4
ORLANDO FL 32807

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Vice-Pres.
April Leonard
2427 N. Forsyth Rd. J
Orlando, FL 32807

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Pres-Sec.D
George R. Kurtz
2427 N. Forsyth Rd. J
Orlando, FL 32807

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
300000134951333
-09/10/96--01077--005
****238.75 ****238.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
DELETED

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

(Signature typed and printed name of signing officer or director)

George R. Kurtz

6-12-96

407
679-5551

CR2E034 (3/96)