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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000

1. Corporation Name

OPF EQUIPMENT SERVICES, INC. P96000003731 (2)

## **FILED** Apr 30 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Ad	Mailing Address								
10810 NORTH	WEST 18 STREET	10810 NO	10810 NORTHWEST 18 STREET								
PEMBROKE P	INES FL 33026	PEMBRO	PEMBROKE PINES FL 33026				DO NOT WRITE IN THIS SPACE				
						<del></del>		E IN THIS	SPACE		
						3. Date Incorporal					
6 Dringing Di	nes of Rusinaan	de Mailine	Addrona			01/11/1996 4. FEI Number	)				
	ace of Business		2a. Mailing Address				47		<del></del>	plied For	
Suite, Apt.	H ala	26	Suite, Apt. #, etc.				65-0633747			t Applicable	
	, <b>9</b> 10.	<u>├</u> ─┐	<u>}</u> 1			5. Certificate of St	atus Desired		\$8.75 / Fee Re		
City & State	<u> </u>	27 City &	City & State			C Floation Communi	: F:!			<u> </u>	
23	•	- h	28			6. Election Campa Trust Fund Con	-		\$5.00 Added t		
Zip	Country	Zip	T	Count	rv	8. This corporation			-	-	
24	25	29	<u> </u>	0	•	Personal Prope				Mo I	
671	9. Name and Address of Cu			<u> </u>		10. Name and Add					
TH	E LAW FIRM OF LAWRENCE	1 Name	me O O P. L .								
	S ALMERIA AVENUE	O OI ILOLL OINI				DAUD P. Mechette					
	RAL GABLES FL 33134		<b>82</b> Stre			Address (P.O. Box Number		<b>√5</b> 64		i	
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				8	4 City	Pen baoke	Pino.	S FL	85 Zip (	Code	
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508	, Florida Statutes	, the abo	ve-named	corporation submits this st	atement for the	purpose o	of changing it	s registered	
office or re	egistered agent, or both, in the S in familiar with, and accept the G	tate of Florida, Such bligation, of Sectio	n change was au n <u>-607.060</u> 5. Flori	thorized da Statut	by the corp es.	poration's board of directors	s. I hereby acce	pt the ap	pointment as	registered	
SIGNATURE	V			1	-			4.	22-0	1 QF	
SIGIVATORE	Classics, typed or printed name of rog stem-	and title it applicab	ic (NOTE: I	Registered A	gent signature	required when reinstating)	<del></del>	DATE			
12,	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHA	NGES TO OFFI	CERS AN			
TITLE	PSTD		☐ DELETE	1.1 TITLE	:				Change	☐ Addition	
NAME	FRECHETTE, DAVID PAUL			1.2 NAM	E						
STREET ADDRESS	10810 NORTHWEST 18 S			1.3 STRE	ET ADDRESS						
CITY-ST-ZIP	PEMBROKE PINES FL 33	026		1.4 CITY							
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CITY-ST-ZIP				5.4 CITY	-ST-ZIP	·····					
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STREET ADDRESS				6.3 STRE	ET ADDRESS						
CITY-ST-ZIP				6.4 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.