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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCU	MENT # P96000	0050078		02-18-1999 90051 043 ***150.0)0
1. Corporation	ON Name EQUIPMENT SALES, INC.				
Duit	GOT MENT OALLO, 1110			E HARRINGE NIO FORMA ONIN BRIDI ARRIGI RAMIO RAMAN ARRIGI	
Principal Place of Business Mailing Address					
1106 KASPER DRIVE 1106 KASPER DRIVE ORLANDO FL 32806 ORLANDO FL 32806					
ORLANDO FL	32806	ORLANDO FL 32806		DO NOT WRITE IN THIS SP.	ACE
				3. Date Incorporated or Qualifed	
				06/12/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	#	26		59-3389895	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	8.75 Additional Fee Required
City & Sta				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangi	ble
24	25	29 30			Yes 🖾 No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Age	nt
PAL	METTO CHARTER SERVICES IN	C ·	81 Name		
150 MAGNOLIA AVE DAYTONA BEACH FL 32115-2491			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		~
			84 City	FL ⁸	5 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purpose of char	nging its registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change was authorations of, Section 607.0505, Florida	onzed by the corpora Statutes.	ation's board of directors. I hereby accept the appointment	int as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Reg ND DIRECTORS	istered Agent signature requ 13.	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IDECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	RETALLACK, BRUCE N		1.2 NAME	_	
STREET ADDRESS	1106 KASPER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change
NAME	RETALLACK, TODD A		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	e e e e e e e e e e e e e e e e e e e	_
CITY-ST-ZIP	NYACK NY 10960		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME ATDEET ADDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS	·	
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	П	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change

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, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

6.4 CITY-ST-ZIP