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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600063503 (2)

FILED Apr 10 1997 8:00am Secretary of State

	NE'S EQUIPMENT ce of Business T ROAD	CO.	Mailing Ad 8548 OLD & LAURSEL H						
						3. Date Incorporated or Qualified 07/24/1996	3a. D.	ate of Last F	leport
	lace of Business	0 1	2a. Mailing	Address	115401	4. FEI Number		A	oplied For
21 854 Suite, Apt	18 UICI Sa	It Ka.		548 O	ld Saltkd.	59-340272	4		ot Applicable
22 Suite, Apri	e, eu.		27	нрі. # , еіс.		5. Certificate of Status Desired			Additional equired
City & Sta	1 H (11	FL	28 Lau	State H	111. FL	B. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
7p 27	Count	· .	Zip	567	Country 30 OKaloosa	8. This corporation has liability for			.,
24)	9. Name and Addre	UCOSA ess of Current			30] 2/14/0004	10. Name and Address of New R			ame agei
FOF	RTUNE, SCOTT S				81 Name	Fortune Scott S	,	<u>.</u>	- ن
	8 OLD SALT ROAD 1R3EL HILL FL 32567		ame ag			iress (P.O. Box Number is Not Accepta	ible)		
		Typo	Error						
		۽ در			> 84 City .a	urel Hill	FL	85 Zip	2567
FI. FURSURUR	LIO THE PROVISIONS OF ORCE	1100s 607 U5U	2 and 607.1508	, Florida Statut	es, the above-named cor	poration submits this statement for the	purpose o	ı changing i	
office or agent. La SIGNATURE						poration submits this statement for the tition's board of directors. I hereby accu- ired when renstating)	purpose o	changing to	registered
	Signaturi. Typed or porolid nami	e of registered ager			es, the above-named cor authorized by the corpora orida Statutes. E Registered Agent signature requi		DATE		
SIGNATURE	Signaturi Typed or proced name	e of registered ager OFFICERS AND	nt and title if applicabl		E Registered Agent signature requi	ired when reinstating)	DATE		
SIGNATURE 12. PILE NAME	Signaturi. Nyterd or printed name C D FORTUNE, SCOTT	o of registered ager PEFICERS AND	nt and title if applicabl	ile. (NOT	E Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME SIFEET ADDRESS	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and title if applicabl	ile. (NOT	13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME SIFEET ADDRESS CITY-S1-ZIP	Signaturi. Nyterd or printed name C D FORTUNE, SCOTT	o of registered ager PEFICERS AND S OAD	nt and title if applicabl	ie. (NOTi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. THE NAME SHEEL ADDRESS CITY-S1-ZIP THE	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and title if applicabl	ile. (NOT	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME SIFEET ADDRESS CITY: \$1-7IP	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and title if applicabl	ie. (NOTi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. THE NAME SIFEET ADDRESS CITY ST-7IP THE NAME	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and title if applicabl	ie. (NOTi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. PILE NAME SIFEET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and title if applicabl	ie. (NOTi	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. THE NAME SHEET ADDRESS CITY ST-ZIP THE NAME STREET ADDRESS CITY ST-ZIP	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and title if applicabl	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR Change	Addition
SIGNATURE 12. THE NAME SIFEET ADDRESS CITY: ST-ZIP TITLE STREET ADDRESS CITY: ST-ZIP TITLE	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and title if applicabl	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR Change	Addition
SIGNATURE 12. TOTE NAME SIFEET ADDRESS CITY: \$1-7P TITLE NAME STREET ADDRESS CITY: \$1-7P TITLE NAME STREET ADDRESS CITY: \$1-7P TITLE NAME STREET ADDRESS CITY: \$1-7P	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and talle if applicable DIRECTORS	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR Change Change	Addition Addition
SIGNATURE 12. THE NAME SIFEET ADDRESS CITY: \$1-7/P THE NAME STREET ADDRESS CITY: \$1-7/P THE NAME STREET ADDRESS CITY: \$1-7/P THE THE THE THE THE THE THE THE THE	D FORTUNE, SCOTT 8548 OLD SALT RO	o of registered ager PEFICERS AND S OAD	nt and talle if applicable DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR Change	Addition
SIGNATURE 12. 1011 F NAME SIFEET ADDRESS CITY: \$1-719 TITLE NAME STREET ADDRESS CITY: \$1-719 TITLE NAME SIRGET ADDRESS CITY: \$1-719 TITLE NAME SIRGET ADDRESS CITY: \$1-719 TITLE NAME NAME	D FORTUNE, SCOTT 8548 OLD SALT RULL FL S	o of registered ager PEFICERS AND S OAD	nt and talle if applicable DIRECTORS	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR Change Change	Addition Addition
SIGNATURE 12. 1011F NAME SIFEET ADDRESS CITY: \$1-71P TITLE NAME SIREET ADDRESS	D FORTUNE, SCOTT 8548 OLD SALT RULL FL S	o of registered ager PEFICERS AND S OAD	nt and talle if applicable DIRECTORS	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR Change Change	Addition Addition
SIGNATURE 12. THE NAME SIFEELADDRESS CITY: \$1-71P THE NAME STREELADDRESS CITY: \$1-71P THE NAME SIREELADDRESS CITY: \$1-71P THE NAME SIREELADDRESS CITY: \$1-71P THE NAME	D FORTUNE, SCOTT 8548 OLD SALT RULL FL S	o of registered ager PEFICERS AND S OAD	nt and tale if applicable	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR Change Change	Addition Addition
SIGNATURE 12. THE NAME SIFEET ADDRESS CITY: \$1-7P THLE NAME STREET ADDRESS CITY: \$1-7P THLE NAME SIRGET ADDRESS CITY: \$1-7P THLE NAME SIRGET ADDRESS CITY: \$1-7P THLE NAME STREET ADDRESS CITY: \$1-7P	D FORTUNE, SCOTT 8548 OLD SALT RULL FL S	o of registered ager PEFICERS AND S OAD	nt and tale if applicable	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	Change Change Change	Addition Addition Addition
SIGNATURE 12. TOLE NAME SIFEEL ADDRESS CITY: \$1-71P TITLE NAME STREEL ADDRESS CITY: \$1-71P TITLE NAME SIREEL ADDRESS CITY: \$1-71P TITLE NAME SIREEL ADDRESS CITY: \$1-71P TITLE NAME STREEL ADDRESS CITY: \$1-71P TITLE NAME STREEL ADDRESS CITY: \$1-71P TITLE DILL	D FORTUNE, SCOTT 8548 OLD SALT RO LAUR3EL HILL FL S	o of registered ager PEFICERS AND S OAD	nt and tale if applicable	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	Change Change Change	Addition Addition Addition
SIGNATURE 12. TOLE NAME SIFEEL ADDRESS CITY: \$1-21P TITLE NAME STREEL ADDRESS CITY: \$1-21P TITLE NAME SIREEL ADDRESS CITY: \$1-21P TITLE NAME SIREEL ADDRESS CITY: \$1-21P DILL NAME STREEL ADDRESS CITY: \$1-21P DILL NAME	D FORTUNE, SCOTT 8548 OLD SALT RO LAUR3EL HILL FL S	o of registered ager PEFICERS AND S OAD	nt and tale if applicable	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	Change Change Change	Addition Addition Addition
SIGNATURE 12. TOLE MAME SIFEEL ADDRESS CITY: \$1-21P TITLE NAME STREEL ADDRESS CITY: \$1-71P TITLE NAME SIREEL ADDRESS CITY: \$1-71P TITLE NAME SIREEL ADDRESS CITY: \$1-71P DILL NAME SIREEL ADDRESS CITY: \$1-71P DILL NAME SIREEL ADDRESS CITY: \$1-71P DILL NAME SIREEL ADDRESS	D FORTUNE, SCOTT 8548 OLD SALT RO LAUR3EL HILL FL S	o of registered ager PEFICERS AND S OAD	or and talled applicable	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	Change Change Change	Addition Addition Addition
SIGNATURE 12. TOLE MAME SIFEEL ADDRESS CITY: \$1-21P TITLE NAME STREEL ADDRESS CITY: \$1-71P TITLE NAME SIREEL ADDRESS CITY: \$1-71P TITLE NAME SIREEL ADDRESS CITY: \$1-71P DILL NAME SIREEL ADDRESS CITY: \$1-71P DILL NAME SIREEL ADDRESS CITY: \$1-71P DILL NAME SIREEL ADDRESS CITY: \$1-71P	D FORTUNE, SCOTT 8548 OLD SALT RO LAUR3EL HILL FL S	o of registered ager PEFICERS AND S OAD	or and talled applicable	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR Change Change Change	Addition Addition Addition
SIGNATURE 12. THE NAME SIFEET ADDRESS CITY-ST-7/P HITLE NAME STREET ADDRESS CITY-ST-7/P TIFLE NAME SIRRET ADDRESS CITY-ST-7/P TIFLE NAME SIRRET ADDRESS CITY-ST-7/P TIFLE NAME SIRRET ADDRESS CITY-ST-7/P TIFLE NAME	D FORTUNE, SCOTT 8548 OLD SALT RO LAUR3EL HILL FL S	o of registered ager PEFICERS AND S OAD	or and talled applicable	DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 5.3 NAME 5.4 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 5.5 NAME 5.6 STREET ADDRESS 6.6 CITY-ST-ZIP 6.1 TITLE	rited when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR Change Change Change	Addition Addition Addition

I have the same legal effect as if made under oath; that I 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 3 if changed, or on an attachment with an address.

SIGNATURE: