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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Katham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065819 (0)

PHUEN	IX NOOTING EQUIPMENT	I, INC.				1843 1844 1840 1840 1844 1844 1844
Principal Plac	e of Business	Mailing Address		*\		## ## #### # ########################
		718-B INDUSTRY RO LONGWOOD FL 32750	3857			
					3. Date Incorporated or Qualified 08/05/1996	3a. Date of Last Report
Principal Place of Business 21		2a. Mailing Address	├ ¬		4. FEI Number	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	SB.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Cou	intry	8. This corporation has liability for	intangible tax under s. 199.032.
24	25	29	30			Yes No
	9. Name and Address of Cur	rrent Registered Agent		ad N	10. Name and Address of New Re	gistered Agent
	TEK, DAVID K			81 Name		(
- 326 N FERNCREEK AVE ORLANDO FL 32803				82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
_				83		
				84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.6 registered agent, or both, in the St	0502 and 607.1508, Florida St tate of Florida Such change w	atutes, the a	bove-named cor d by the corpora	poration submits this statement for the particular to the particular submits the statement of directors. I hereby acceptions	ourpose of changing its registered of the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered		(NOTE: Registere	d Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
1046	D	AND DIRECTORS DELETE	1.1 7	n e	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SCHAUER, PAUL	(1.2 N			Car Officially Car Automotive
STREET ADORESS	716-B INDUSTRY RD		4 1	REET ADDRESS		ľ
CITY-ST-78	LONGWOOD FL 32750			TY-ST-ZIP		
Title	D	DELETE	217			Change Addition
NAME	HALL, SCOTT		22 N			
STREET ADDRESS	501 S FAULKENBURG RD,	UNIT C-8	B	TREET ADDRESS		
CITY \$1-71P	TAMPA FL 33619		•	ITY-ST-ZIP		(
Tint		☐ DELETE	3.1 7			Change Addition
NAM E			32 N	AME		1
STREET ADDRESS			3.3 \$	TREET ADDRESS		
CITY -S1 - 7/P	}		3.4. (ITY - ST - ZIP		
TITLE		DELETE	4.1 T	TLE		Change Addition
NAME			4.21	IAME		
STREET ADDRESS	1		4.3 \$	TREET ADDRESS		
CHY-ST-ZIP				ITY-ST-ZIP		
TITLE		☐ DELETE	5.1 T	TLE		Change Addition
NAME			5.2 N	AME		·
STREET ADDRESS			5.3 \$	FREET ADDRESS		
CITY+ST-ZIF				TY-ST-ZIP		
THLE		☐ DELETE	6.1 T	TL€		Change Addition
NAME				ſ		
l			62 N			
STREET ADDRESS			635	AME TREET ADDRESS		•

SIGNATURE:

SIGNATURE SIGNATURE AND TYPES OF PRINTED NAME OF BIGRING OFFICER OF DIRECTO

FILED

Apr 29 1997 8:00am

Secretary of State

14. I do horeby certify that the information supplied with this filing does not quelify 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