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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000080457 (0)

GLOBAL MACHINERY TRADERS, INC.

Principal Place of Business

Mailing Address

FILED
Mar 27 1998 8:00am
Secretary of State



6474 NW 49RD COURT CORAL SPRINGS FL 33067			6474 NW 43RD COURT CORAL SPRINGS FL 33067		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					09/27/1996	
2. Principal P	lace of Business	2a. Mailing Address		•	4. FEI Number	Applied For
21 (	:•	26			65-0697891	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			S. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the	
24	25 Name and Address of Curre	29 Penistered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Register  11. Personal Property Tax due June 30.	Yes No
		mit trogresion Agorit	81	Name	10, mainto and Address of New Negister	an wheth
APPEL, DONNA						
	474 NW 43RD COURT ORAL SPRINGS FL 33067		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
U	UNAL SPRINGS PL 3300/		83			
			84	City	F	85 Zip Code
SIGNATURE	m familiar with, and accept the oblin				poration submits this statement for the purposition's board of directors. I hereby accept the action when reinstating)	
12.		ND DIRECTORS	13.	ent signature requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	APPEL, DONNA	_	1.2 NAME			
STREET ADDRESS	6474 NW 43RD CT		1.3 STREET	ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 3306	7	1.4 CITY - S			
TITLE		☐ DELET <b>E</b>	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP		
TITLE		☐ DELE <b>TÉ</b>	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	i		
CFTY-ST-ZIP		T brieve	4.4 CITY - 5	T-ZIP		Observe TABLES
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME ATOTET ADDRESS			5.2 NAME			*
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		DELETE	5.4 CITY - S	T-ZIP		Change 1 Addition
TITLE		☐ 0€1€1 <b>€</b>	6.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME	ADDRESS		
City-St-7ip			6.3 STREET			
DUT-SI-/IP			■ RACITY~S	L-ZIP I		

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 composition 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.