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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092525 (0)

1. Corporation Name
GLOBAL EQUIPMENT & MEDICAL SERVICES, INC.



Principal Place of Business

670 WEST 70 PLACE
HIALEAH FL 33014

Mailing Address

670 WEST 70 PLACE
HIALEAH FL 33014-4821

3. Date Incorporated or Qualified

11/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 18520 N.W. 67th AVE

22 Suite, Apt. #, etc.

22 319

23 City & State

23 Hialeah, FL

24 Zip

24 33015

25 Country

25 USA

2a. Mailing Address

26 18520 N.W. 67th AVE

27 Suite, Apt. #, etc.

27 319

28 City & State

28 Hialeah, FL

29 Zip

29 33015

30 Country

30 USA

4. FEI Number

65-011603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed to precede name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME ZAMORE, DEXTER A
STREET ADDRESS 670 WEST 70 PLACE
CITY-ST-ZIP HIALEAH FL 33014

TITLE VTD ☐ DELETE

NAME LAMBERT, W. SCOTT
STREET ADDRESS 670 WEST 70 PLACE
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 18520 N.W. 67th AVE SUITE 319

14 CITY-ST-ZIP Hialeah, FL 33015

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 18520 N.W. 67th AVE SUITE 319

24 CITY-ST-ZIP Hialeah, FL 33015

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

W. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 (954) 966-1388

Date

Daytime Phone #

CR2E034 (9/96)