COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999~



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # P96000094247

RESTEQUIP COMPANY

ncipal Place of Business

Mailing Address

FILED

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SEGRETARY OF STATE
TALLAHASSEF FLORIDA

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0 ULMERTON ROAD IGO FL 33771		9190 ULMERTON ROAD		-					
		LARGO FL 33771			İ	DO NOT W	RITE IN THIS S	CDACE	
						3. Date Incorporated or Qualific		JFAUL	
						11/18/1996	,u		
Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied F	For
						59-3410447	-	Not Appli == احت	içable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Addition	nal
		27				5. Certificate of Status Desired		Fee Required	1
City & State		City & State	City & State			6. Election Campaign Financin	g _	\$5.00 May B	3e
		28			-	Trust Fund Contribution		Added to Fees	s
Zip	Country	Zip	Cour	ntry		8. This corporation owes the cu	urrent year		
	25	29	30			Intangible Personal Property	· <u>L</u>	Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	gent	
503	n. 60766]	81 Name	楽	Weinfeld, Signl	ļ		
	TH, ESTER	•	- 1	82 Street		ss (P.O. Box Number is Not Accep			
	HARBOR DR. S.		1	1201		145 Ln North	, tablo j		
IND	IAN ROCKS BEACH FL 33785			83					
								1=1=: 0.4	
				84 City	La	rgo	FL	85 Zip Code 3377 4	
Dureuant	to the provisions of sections 607.0502	and 607 1508 Florida Statutes	the aho			tion authorite this statement for the	nurnose of cha	naina its registere	ed
office or	registered agent, or both, in the State of amiliar with, and accept the obligations of the control of the contr	of Florida. Such change was at	thorized	by the corp	oration	i's board of directors. I hereby acc	ept the appoint	tment as registere	ed .
agent. I a	am familiar with, and accept the obliga-	tions of, section 607.0505, Flor	rida Stati	ites.			<i>i</i> ~		
NATURE .	Weinteld, Sig	al (6m)	C. Carintel			of when reinstating)	/2-25 DATE	>-99	
	Signature, typed or printed name of registered agen OFFICERS AND		13.	ed Agent signatu	ne tednile	ADDITIONS/CHANGES TO C			I 12
	D OFFICERS AND		1.1 TIT	1 F	Ge	neral Manager	<u>л поетко лик</u>	Change X A	
	ROTH, MENAHEM			1.2 NAME ST		at Weinfeld, Sigal	L	Cliarige LESS A	NOULUIT
	T					060 145 Ln N.			
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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.