SECOND.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 Aug 23, 1999 8:00 am Secretary of State 08-23-1999 90008 017 \*\*\*150.00

**DOCUMENT #** 

P96000098894

ARMENIA EQUIPMENT AND RENTAL CENTER, INC.

Principal Place of Business	Mailing Address	)
5908 N. ARMENIA AVE #101 TAMPA FL 33803	5908 N: ARMENIA AVE #101 Tampa Fl. 33603	
÷	_	3. Date Incorpo 12/04/19
2. Principal Place of Business	2a. Mailing Address	4. FEI Number

DO NOT WRITE IN THIS SPACE

-					3. Date Incorporated or Qualified 12/04/1996	
·					12/04/ 1390 4. FEI Number	Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			59-3414872	Not Applicable
ai		26			39'34 14072	
Suite, Apt.		Suite, Apt. #, etc.	107	`	5. Certificate of Status Desired	\$8.75 Additional Fee Required
زريز کے ایم	<del></del>	27 Suite	100		<del> </del>	
City & State	9	City & State	·		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	<del></del>	intry	8. This corporation owes the current year	☐ Yes ☐ No
24	25	29	30		Intangible Personal Property.	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						Agent
MAG	DOCUME LADDY D			81 Name		
NARDELLI, LARRY P 5908 N. ARMENIA AVE		82 Street Address (P.O. Box Number is Not Acceptable)				
#10	· =			83 60	te 100	
IAN	IPA FL 33603			84 City		85 Zip Code
				GILY	F	L   65   215 0000
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, Elorida Statutes.  SIGNATURE  SIGNATURE  ONTE: Registered Agent storage for the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of changing its registered agent. I have been defined to the purpose of the purpose of the purpose of changing its registered agent. I have been defined to the purpose of the purpose of the purpose of the purpose of t						
(	Signature, typed or winted name of registered agent a			red Agent signature requ	3,	
12.	OFFICERS AND		13.	n.	ADDITIONS/CHANGES TO OFFICERS A	MIND DIRECTORS IN 12
TITLE	PVST	L DELETÉ	1.1 TI	!		Change   Addition
NAME	NARDELLI, LARRY P		1.2 N	AME .	5908 N. Armenis - S	dite 100
STREET ADDRESS	5908 N. ARMENIA AVE, #101		1.3 51	REET ADDRESS   🍮	908 10: 111 11 011 1 = 0	1 `
CITY-ST-ZIP	TAMPA FL 33603		1.4 C	TY-ST-ZIP		(
TITLE		DELETE	2.1 TI	TLE		Change Addition
NAME			2.2 N	AME .		
STREET ADDRESS			2.3 \$1	REET ADDRESS		
CITY-ST-ZIP		<u></u>	2.4 C	TY-ST-ZIP		
TITLE		DELETE	3 1 TI	TLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S1	REET ADDRESS		
CITY-ST-ZIP			3.4 C	TY-ST-ZIP		
TITLE		DELETE	4.1 TI	TLE		Change Addition
NAME .		_	4.2 N	AME		}
STREET ADDRESS			4.3 \$1	REET ADDRESS		
CITY-ST-ZIP			4.4 C	TY-ST-ZIP		
TITLE		DELETE	5.1 TI			Change Addition
NAME			5.2 N	AME		-
STREET ADDRESS			5.3 \$	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	6.1 T			Change Addition

6.4 CITY-ST-ZIP 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 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.

6.2 NAME 6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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5908 N. Armenia Avenue
Tampa, Florida 33603
Phone (813) 353-0515
Fax (813) 875-2118

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July 1, 1999

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Subject:

Filing of Annual Report

To Whom it may Concern,

I received this notice July 1, 1999. It is the second notice. I never received the first notice.

Therefore, after speaking with Robin today she told me to send the One Hundred and Fifty (\$150.00) dollars to you along with this letter explaining that I did not get the first annual report packet.

I am sorry for any inconvenience this may have caused you, please accept my apologies.

Sincerely,

Larry P. Nardelli

my P Nordelli

President