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 #

FILED May 12 1998 8:00am Secretary of State

DUSING	35 EQUIPMENT SOLUTIONS	o conr.				
Principal Place	e of Business	Mailing Address				hiết tiệ Đị Định (Định tiết sam)
358-D WEST I PENSACOLA I US		POST OFFICE BOX 4810 PENSACOLA FL 32507		DO NOT WRITE IN THI	S SPACE	
				3. Date Incorporated or Qualified 12/16/1996		
2. Principal P	2a. Mailing Address	ress		4. FEI Number	Applied For	
aded in	TUR 44 P 4420U	26			59-3418889	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	icals El	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3>50	Country USA	Zip 30	Count	ry	This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year Intangible
	9. Name and Address of Current	Registered Agent	1		10. Name and Address of New Registers	d Agent
WARD, STEPHEN E 358-D WEST NINE MILE RD				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 23534			ľ		900 North 9th Av	, #A
			8	3		
				4 City P	sessiols F	L 85 Zip Code 32504
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	and 607.1508, Florida Statutes, of Florida Such change was autlions of Section 607.0505, Florid	the abo horized la Statut	ve-named by the corp es.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE					e renulred when reinstaling) DATE	
4.5	Signature, typed or printed name of registered agent		13.	gent signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITU	:	ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
TITLE	WARD OFFICE ICA		1.2 NAM			
NAME	ACAD LAKOT AND E AM F DO		712 71 11	_	Userd, Stephen E Hum	4
STREET ADDRESS	DENICACOLA EL			ET ADDRESS		▼
CITY-ST-ZIP			1.4 CITY 2.1 TITU		Possoco In [7] 33504	Change Addition
TITLE				-		
NAME			2.2 NAM	_		
CADERA VINDERCO			■ 23 STR	ET ADDRESS	1	

2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 a latter ment with an address.

4-30-98