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

**PROFIT** CORPORATION ANNUAL REPORT

1999

INDO-ANYLUSEK-INCORRORATED



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 2000073029 1. Corporation Name

P97000006058(6)

EQUIPMENT AND TECHNOLOGY, INC

Principal Place of Business 3500 UNIVERISTY BLVD. #2715 JACKSONVILLE FL 32277 US ,

Mailing Address

P.O. BOX 8766 JACKSONVILLE FL 32239

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90261 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

01/21

3. Date incorporated or Qualifed

08/29/1906

|  |  |   |                      |   | 1 00/20/1000  |  |
|--|--|---|----------------------|---|---|--|
| 2. Principal Place of Business   2a. Mailing Address   21 4430 ALMETTO NUT \( \Omega\).   26 |  |   |                      |   | 4. FEI Number   Applied Fo   Not Applied Fo   Not Applied Fo                          |  |
| Suite, Apt   | . #, etc. Suite. Apt. #, etc.  |   |                      |   | 5. Certificate of Status Desired See Required   |  |
| City & Sta   | KSONVILLE FL 28  |   | -                    |   | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees   |  |
| Zin 327  | 277 Country Zip 277 25 DUVAL 29  | Со.<br>[30]                               | untry                |   | 8. This corporation owes the current year Intangible Personal Property Tax.   Yes  No |  |
|  | 9. Name and Address of Current Registered Agent  |   | 1                    |   | 10. Name and Address of New Registered Agent  |  |
| STEWART, CARL M 1301 RIVER PLACE BLVD. SUITE 1500  |  |   | 81<br>82             | Name  12 Street Address (P.O. Box Number is Not Acceptable) |   |  |
|  | W ADAMS STREET   |   | <u> </u> i           | 1050 KIVERSIDE AUE  |   |  |
|  | STEWART, CARL M 1301 RIVER PLACE BLVD. SUITE 1500 200 W. ADAMS STREET JACKSONVILLE FL 32202  11. Pursuant to the previsions of Sections 607,0502 and 607,1508, Florida Statutes                                    |   | 83                   | <sup>13</sup> ×   |   |  |
| JAC  | ROUNVILLE FL 32202   |   | 84                   | JACK  | SONVILLE FL 85 Zip Code 32204   |  |
| office or r  | to the provisions of Sections 607,0502 and 607.1508. Florida Stati<br>registered agent, or both, in the State of Florida. Such change was<br>am familiar with, and accept the obligations of, Section 607.0505, Fl | les, the a<br>authorized<br>orida Stat    | d by t<br>utes.      | the corporation   | i's board of directors. Thereby accept the appointment as registered                  |  |
|  | Signature, typed or printed name of registered agent and title if applicable (NOT  |   | Agent                | signature required  |   |  |
| 12.  | OFFICERS AND DIRECTORS   | 13.                                       |                      |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1                                      |  |
| TITLE  | D DELETE   | 1.1 Tr                                    |                      |   | Change Ad   |  |
| NAME   | LIPPERT, LEE   | 1210                                      | AME                  | ì   |   |  |
| STREET ADDRESS   | 1 ,  | 1.3 S I                                   | rreet.               | ADDRESS   |   |  |
| CITY-ST-ZIP  | JACKSONVILLE FL 32239  | # <b>-</b>                                | ITY-ST               | - ZIP   |   |  |
| TITLE  | [] DELETE  | 2111                                      | TI E                 |   | Change Ad   |  |
| NAME   |  | 22N/                                      | AME                  |   |   |  |
| STREET ADDRESS   |  | 2351                                      | REET                 | ADDRESS   |   |  |
| CITY-ST-ZIP  |  | 2.40                                      | (T) - S(             | ZIP   |   |  |
| TITLE  | ☐ DELETE   | 3171                                      | ILE                  |   | ☐ Change ☐ Ad   |  |
| NAME   |  | 32 NA                                     | AME                  |   |   |  |
| STREET ADDRESS   |  | 3351                                      | REET                 | ADDRESS   |   |  |
| CITY-ST-ZIP  |  | 34 CI                                     | IIY-SI               | -ZIP  |   |  |
| TITLE  | [] DELETE  | 4 1 111                                   | TLE                  |   | ☐ Change ☐ Ad   |  |
| NAME   |  | 4.2 N                                     | AME                  | -   | ,   |  |
| STREET ADDRESS   |  | 4351                                      | REFI                 | ADDRESS   |   |  |
| CITY-ST-ZIP  | ,  | 4 4 Cr                                    | TY-SI-               | - ZIP   |   |  |
| TITLE  | ☐ DELETE   | 5110                                      |                      |   | Change Ad   |  |
| NAME   |  | 8   | ME                   | 1   |   |  |
| i  |  | 52 NA                                     |                      |   |   |  |
| STREET ADDRESS   |  | 8   | REEL                 | ADDRESS   |   |  |
| STREET ADORESS   |  | 5381                                      | REET                 | ì   |   |  |
| STREET ADORESS CITY-ST-ZIP   | □ οειετε   | 5381                                      | TY-ST-               | ì   | [] Change [] Ad   |  |
| CITY-ST-ZIP  | ☐ DELETE   | 53S1<br>54CI                              | TY-ST-               | ì   | [] Change [] Ad   |  |
| CITY-ST-ZIP<br>TITLE<br>NAME   |  | 53 ST<br>54 CI<br>61 TII                  | TY-ST-<br>ILE<br>AME | ì   | [] Change [] Ad   |  |
| CITY-ST-ZIP  |  | 53 ST<br>54 CI<br>61 TH<br>62 NA<br>63 ST | TY-ST-<br>ILE<br>AME | ADORESS   | [] Change [] Ad   |  |

ual report is true and accurate and that my signature shall have the same legal effect as it made under data, that I am all or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpora Block 12 or Block 13 if change

SIGNATURE:

4 JAN 99