SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT *
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073163 (2)

FILED Oct 07 1998 8:00am Secretary of State

801 NE 167TH SUITE 300	UIPMENT CORP. ce of Business I STREET BEACH FL 33162	Mailing Address 801 NE 167TH STREET SUITE 300 NORTH MIAMI BEACH FL	33162	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	
				08/22/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 389 Suite, Apt.	O PARK CENTRAL BUD A	Suite, Apt. #, etc.	errick Avi	E 13-3965795	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	PANO BEACH FL	City & State 28 WESTBUE	Y4 K	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 330	Country 25 US	Zip \\ 590	Country	This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent
UNI	TED CORPORATE SERVICES, INC).	81 Name		
	NE 167TH STREET		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	TE 300				
NOF	RTH MIAMI BEACH FL 33162		83		
ţ			84 City		85 Zip Code
L				F <u>L</u>	
office or	registered agent, or both, in the State	of Florida, Such change was a	es, the above-hameo co	retion's board of directors. I bereby accept the appoin	anging its registered
agent. I				orporation submits this statement for the purpose of choration's board of directors. I hereby accept the appoin	itineni as registereo
SIGNATURE	Signature, typed or printed name of registered agen	I and title if applicable (No	OTE: Registered Agent signature	e required when reinstaling) DATE	
SIGNATURE	Signature, typed or printed name of registered agen	II and title if applicable (NO	OTE: Registered Agent signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen	I and title if applicable (No	OTE: Registered Agent signature 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN	II and title if applicable (NO	TE. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AN CHAIRMAN ASSEMBLY ASSEMBLY FOR PARK CENTRAL BURGES CORE ASSEMBLY WELLS	D DIRECTORS IN 12 Change Addition NORTH 33064
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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.

SIGNATURE:

CHIEDEN GRANT ASST SECY

E SECH 9/28/9R

176-682-000

(06/c) tonus