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

05-06-1999 90134 039 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073163

1. Corporation Name

ELP EQUIPMENT CORP.

Principal Place of Business

**3890 PARK CENTRAL BLVD N
SUITE 300
POMPANO BCH FL 33064
US**

Mailing Address

**865 MERRICK AVE
SUITE 300
WESTBURY NY 11590
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

13-3965795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NE 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MICHEAL ASHKIN	
STREET ADDRESS	3890 PARK CENTRAL BLVD N	
CITY-ST-ZIP	POMPANO FL 33064	

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CARL ASHKIN	
STREET ADDRESS	865 MERRICK AVE	
CITY-ST-ZIP	WESTBURY NY 11590	

TITLE	P	<input type="checkbox"/> DELETE
NAME	MICHEAL CAPUTO	
STREET ADDRESS	865 MERRICK AVE	
CITY-ST-ZIP	WESTBURY NY 11590	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SHEILA ASHKIN	
STREET ADDRESS	3890 PARK CENTRAL BLVD N	
CITY-ST-ZIP	POMPANO BCH FL 33064	

TITLE	S	<input type="checkbox"/> DELETE
NAME	LAURA KAHN	
STREET ADDRESS	865 MERRICK AVE	
CITY-ST-ZIP	WESTBURY NY 11590	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	HENRY GRANT	
STREET ADDRESS	865 MERRICK AVE	
CITY-ST-ZIP	WESTBURY NY 11590	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

516-812-5628
Daytime Phone #