May 07, 1999 8:00 am Secretary of State

05-07-1999 90122 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000055379

1. Corporation Name

STREET ADDRESS

NORTHERN EQUIPMENT TECHNOLOGIES, INC.

Principal Place of Business Mailing Address						(100)1001 110 10101 10111 00111 00111 00111	11 B1101 01100 11111	10012 1011 (001	
1205 SW 4TH AVE			ı			DO NOT WRITE IN THI	S SPACE		
					_	Date Incorporated or Qualifed 06/22/1998			
2. Principal Place of Business 2a. Mailing Address 2b.						FEI Number よ5-085845み	⊢	plied For at Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc. 22					5.	Certificate of Status Desired	Desired Sa.75 Additional Fee Required		
City & State City & State					1 -	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Zip Country Zip				1	8. This corporation owes the current year Intangible Personal Property Tax. ☐ No			
	9. Name and Address of Curr	ent Registered Agent			10.	Name and Address of New Registered	J Agent		
	-		81	Name					
BENTER, JAY 1205 SW 4TH AVE				Street A	Address (P.	Idress (P.O. Box Number is Not Acceptable)			
DELRAY BEACH FL 33444			83				-		
			84	City		F	85 Zip (Code	
office or t	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	thorized by da Statutes	the corpo	ration's boa	submits this statement for the purpose of and of directors. I hereby accept the appointment of the purpose of t	ointment as re	gistered	
	Signature, typed or printed name of registered a		Registered Ager	it signature re		DDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DS IN 12	
12.	OFFICERS AND DIRECTORS		13.			EDDITIONS/CHANGES TO OFFICERS P	Change	Addition	
TITLE	PD			12 NAME					
NAME STREET ADDRESS	JAY DENTER			1.3 STREET ADDRESS					
CITY-ST-ZIP	1 207 200 4 4 4 7		1.4 CITY-S						
TITLE	DE CICITY DOMONE	☐ DELETE	2.1 TITLE		1/	REEVES - LOPEZ	☐ Change	Addition	
NAME	22		2.2 NAME	2.2 NAME		MEEVES COPEZ			
STREET ADDRESS	1		2.3 STREE	TADDRESS				. [
CITY-\$T-ZIP	ZIP		2. 4 CITY-S	IT-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	3.2		3.2 NAME					}	
STREET ADDRESS			3,3 STREE	FADDRESS					
CITY-\$T-ZIP			3.4. CITY-5	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	Į		4. 2 NAME					{	
STREET ADDRESS			4.3 STREE	TADDRESS				i	
CITY-ST-ZIP		·	4 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TMLE				Change	- Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
MARKE	1		6.2 NAME	1				(

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 collocation 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 challed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE