

COND. NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000059838**  
Corporation Name  
**PEGASUS EQUIPMENT CORPORATION**

Principal Place of Business

19 NW 60 AVE  
ALA FL 34482-1210

Mailing Address

10119 NW 60 AVE  
OCALA FL 34482-1210

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90010 012 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/06/1998</b>	
Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>593524246</b>	
City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		29. Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KITOS, BELINDA M 10119 NW 60 AVE OCALA FL 34482-1210</b>				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
1. NAME <b>D KITOS, BELINDA M</b>		1.1 TITLE	
2. ADDRESS <b>10119 NW 60 AVE</b>		1.2 NAME	
3. ZIP <b>OCALA FL 34482-1210</b>		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
4. NAME		2.1 TITLE	
5. ADDRESS		2.2 NAME	
6. ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
7. NAME		3.1 TITLE	
8. ADDRESS		3.2 NAME	
9. ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
10. NAME		4.1 TITLE	
11. ADDRESS		4.2 NAME	
12. ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
13. NAME		5.1 TITLE	
14. ADDRESS		5.2 NAME	
15. ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
16. NAME		6.1 TITLE	
17. ADDRESS		6.2 NAME	
18. ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 stated 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 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: **8-1-99 3526228853**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #