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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

P98000068954

DOCUMENT #
1. Corporation Name

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90150 043 ***150.00

U.S. EQUIPMENT BROKERS, INC.							
District Oleve is Desirons	g Address			- !		DIIGI IBIID IBII	
	-	•					
6412 MELALEUCA LANE 6412 MELALEUCA LANE LAKE WORTH FL 33463 LAKE WORTH FL 33463							
					RITE IN THIS	SPACE	
•				3. Date Incorporated or Qualife 08/03/1998	30		
2. Principal Place of Business 2a. Ma	niling Address			4. FEJ Number		I A	pplied For
21 26 26	ming / tooloos			65-033093	2/		ot Applicable
Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
27				5. Certificate of Status Desireo		Fee R	equired
City & State Cit	ty & State			6. Election Campaign Financir	^{og} □	•	May Be
28		Country		Trust Fund Contribution			to Fees
Zip Country Zip	30	Journary		This corporation owes the c Personal Property Tax.	urrent year int	angible	□No
24 25 29 29 9. Name and Address of Current Registere		<u> </u>		10. Name and Address of New	w Registered	Agent	
3. Name and Address of Sansar Registers		81	Name				
DAMATO, HARRY		82	Street Addre	ess (P.O. Box Number is Not Acce	ptable).		
6293 SUMMER SKY LANE			6412	ess (P.O. Box Number is Not Acce MELA/EUCA	ZN		
GREENACRES FL 33463		83	_				ĺ
		84	City			85 Zip	Code/_
		1 1	(97RS	EENLCRES		<u>: 1</u>	1463
11. Pursuant to the provisions of Sections 607.0502 and 607.1	Such change was author	ized DV i	named corporatio	pration submits this statement for t in's board of directors. I hereby ac	he purpose of cept the appoi	changing it intment as r	egistered
Pursuant to the provisions of Sections 607.0502 and 607.1 office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Sections 607.0502.	Such change was author	ized DV i	named corporatio	oration submits this statement for t in's board of directors. I hereby ac	he purpose of cept the appoi	changing it intment as r	s registered egistered
office or registered agent, or both, in the State of Florida. S agent. I am familiar with, and accept the obligations of, Set SIGNATURE	Such change was authoriction 607.0505, Florida S	ized by t Statutes.	named corporatio	in's board of directors. I hereby ac	he purpose of cept the appoi	changing it intment as r	egistered
office or registered agent, or both, in the State of Florida. S agent. I am familiar with, and accept the obligations of, Se	Such change was authoriction 607.0505, Florida S	ized by t Statutes.	named corporatio	in's board of directors. I hereby ac	OATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Set SIGNATURE Signature, typed or printed name of registered agent and title if app 12. OFFICERS AND DIRECTOR TITLE PRESISEC.	Such change was authorication 607.0505, Florida S licable. (NOTE: Regist	ized by the Statutes.	named corporatio	n's board of directors. I nereby ac	OATE		
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Set SIGNATURE Signature, typed or printed name of registered agent and title if app 12. OFFICERS AND DIRECTOR TITLE PRESISEC.	Such change was authorication 607.0505, Florida S dicable. (NOTE: Regist DELETE 1.	ized by the Statutes. tered Agent 13.	named corporatio	n's board of directors. I nereby ac	OATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Set SIGNATURE Signature, typed or printed name of registered agent and title if app 12. OFFICERS AND DIRECTOR TITLE PRES SEC. NAME HARRY DA HATO STREET ADDRESS 4204 TARA CIRCLE	Such change was authorication 607.0505, Florida S dicable. (NOTE: Regist DELETE 1.	tered Agent 13.	e-named corporation the corporation to signature required	n's board of directors. I nereby ac	OATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Set SIGNATURE Signature, typed or printed name of registered agent and title if app OFFICERS AND DIRECTOR TITLE TITLE PRES/SEC. NAME HARRY DA MATO	Such change was authorn ction 607.0505, Florida S Constitution (NOTE: Registrement of the constitution of	tered Agent 13. 1 TITLE 2 NAME 3 STREET	e-named corporation the corporation taignature required ADDRESS	n's board of directors. I nereby ac	OATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Set SIGNATURE Signature, typed or printed name of registered agent and title if app 12. OFFICERS AND DIRECTOR TITLE PRES SEC. NAME HARRY DA HATO STREET ADDRESS HACK TARA CIRCLE	Such change was authorn ction 607.0505, Florida S Indicable	tered Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST	e-named corporation the corporation taignature required ADDRESS	n's board of directors. I nereby ac	OATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if app 12. OFFICERS AND DIRECTO TITLE NAME HARRY DA HATO STREET ADDRESS CITY-ST-ZIP TOOTH WYN PA 1906/ TITLE NAME	Such change was authorn ction 607.0505, Florida S Indicable	Statutes. Statutes. 13. TITLE NAME STREET CITY-ST TITLE	-named corporatio the corporatio t signature required	n's board of directors. I nereby ac	OATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE FRES SEE. HAREY DA HATO STREET ADDRESS CITY-ST-ZIP TOOTH WYN PA 1906/ TILE NAME STREET ADDRESS	Such change was authorn ction 607.0505, Florida S Ricable. (NOTE: Regist DRS	Statutes. Itered Agent 13. ITITLE INDICATE STREET	-named corporatio the corporatio t signature required ADDRESS	n's board of directors. I nereby ac	OATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if app 12. OFFICERS AND DIRECTOR TITLE NAME STREET ADDRESS CITY-ST-ZIP TOOTH WYN PA 1906/ TITLE NAME STREET ADDRESS CITY-ST-ZIP	Such change was authorn ction 607.0505, Florida S Include	tered Agent 13. 1 TITLE 2 NAME 3 STREET 14 CITY-ST 11 TITLE 12 NAME 23 STREET 23 STREET 24 CITY-ST 24 CITY-ST 25 NAME 25 NAME 26 NAME 27 NAME 28 NAME 28 NAME 29 NAME 20 STREET	-named corporatio the corporatio t signature required ADDRESS	n's board of directors. I nereby ac	OATE	ND DIRECT	ORS IN 12
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE FRES SEE. OFFICERS AND DIRECTO TITLE NAME HARRY DA MATO HARRY DA MATO HARRY TRAB CIRCLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Such change was authorn ction 607.0505, Florida S Ricable. (NOTE: Regist DRS	tered Agent 13. 1 TITLE 2 NAME 13 STREET 14 CITY-ST 12 NAME 2 NAME 2 NAME 14 CITY-ST 15 TITLE 2 NAME 15 TITLE 16 TITLE 16 TITLE 17 NAME 18 TITLE 18 TITLE 18 TITLE 18 TITLE 18 TITLE	-named corporatio the corporatio t signature required ADDRESS	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE FRES SEE. NAME HARRY DA MATO HARRY DA MATO HARRY DA MATO HARRY TRAB CIRCLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Such change was authorn ction 607.0505, Florida S Ricable. (NOTE: Regist DRS	tered Agent 13. 1 TITLE 12 NAME 13 STREET 14 CITY-ST 14 CITY-ST 15 TITLE 12 NAME 14 CITY-ST 15 TITLE 15 NAME 16 STREET 16 CITY-ST 16 TITLE 17 NAME 18 NAME 18 NAME 18 NAME	-named corporatio the corporatio t signature required ADDRESS 1-ZIP	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE FRES / SEC. OFFICERS AND DIRECTOR FRES / SEC. HARRY DA MATO HARRY DA MATO HARRY TO HARRY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Such change was authorn ction 607.0505, Florida S NOTE: Regist ORS	tered Agent 13. 1 TITLE 2 NAME 13 STREET 14 CITY-ST 12 NAME 2 NAME 2 NAME 14 CITY-ST 15 TITLE 2 NAME 15 TITLE 16 TITLE 16 TITLE 17 NAME 18 TITLE 18 TITLE 18 TITLE 18 TITLE	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE FRES SEE. NAME HARRY DA MATO HARRY DA MATO HARRY DA MATO HARRY TRAB CIRCLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Such change was authorn ction 607.0505, Florida S NOTE: Regist ORS DELETE 1. 1. DELETE 2. DELETE 3. 3. 3. 3.	tered Agent 13. 1 TITLE 2 NAME 3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET 3.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.2 NAME 3.3 STREET	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE FRES SEE. NAME HARRY DA MATO HARRY DA MATO HARRY DA MATO HARRY TRAB CIRCLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Such change was authorn ction 607.0505, Florida S Interpretation of the content of the conten	lered Agent 13. 1 TITLE 2 NAME 3 STREET 1.4 CITY-ST 1.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET 3.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE FRES / SEC. NAME HARRY DA MATO HARRY TO MAT	Cich change was authorn ction 607.0505, Florida S Cich Core Core Core Core Core Core Core Core	tered Agent 13. 1 TITLE 2 NAME 3 STREET 14 CITY-ST 2 NAME 22 NAME 22 NAME 23 STREET 24 CITY-ST 31 TITLE 32 NAME 33 STREET 34 CITY-ST 34 CITY-ST 34 CITY-ST 34 CITY-ST 35 TITLE 36 CITY-ST 36 CITY-ST 36 CITY-ST 36 CITY-ST	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Set SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applications. The same of the signature of the s	Such change was authorn ction 607.0505, Florida S Interpretation of the content of the conten	tered Agent 13. 1 TITLE 2 NAME 3 STREET 14 CITY-ST 1 TITLE 2 NAME 23 STREET 4 CITY-ST 1 TITLE 32 NAME 33 STREET 34 CITY-ST 1 TITLE 34 CITY-ST	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Set SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applications. The same of the printed name of registered agent and title if applications. The sam	Cich change was authorn ction 607.0505, Florida S Cich Core Core Core Core Core Core Core Core	leved Agent 13. 1 TITLE 2 NAME 3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-ST 3.5 TITLE 3.5 STREET 3.4 CITY-ST 3.5 TITLE 3.5 STREET 3.6 CITY-ST 3.7 TITLE 3.7 NAME 3.8 STREET 3.8 CITY-ST 3.1 TITLE 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 3.4 TITLE 3.5 TITLE 3.5 TITLE 3.5 TITLE 3.6 TITLE 3.7 TITLE 3.7 TITLE 3.7 TITLE 3.8 TITLE 3.8 TITLE 3.9 TITLE 3.9 TITLE 3.1 TITLE	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE FRES/SEC. OFFICERS AND DIRECTOR TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cich change was authorn ction 607.0505, Florida S Cich Core Core Core Core Core Core Core Core	Leved Agent 13. 1 TITLE 12 NAME 13 STREET 14 CITY-ST 14 TITLE 12 NAME 13 STREET 14 CITY-ST 15 TITLE 13 STREET 14 CITY-ST 15 TITLE 15 NAME 16 STREET 16 CITY-ST 16 TITLE 17 NAME 18 STREET 18 CITY-ST 18 TITLE 18 NAME 18 STREET 18 CITY-ST 18 TITLE 18 NAME 18 STREET 18 NAME 18 STREET 18 NAME 18 NAME 18 NAME 18 NAME 18 NAME 18 NAME	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OFFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Set SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applications. The state of Florida. Sagent and title if applications of the sagent and title if applications. The state of Florida. Sagent and title if applications of the sagent and title if applications. The sagent and title if applications of the sagent and title if applications of the sagent and title if applications of the sagent and title if applications. The sagent and title if applications of the sagent and title if appli	Cich change was authorn ction 607.0505, Florida S CICH DELETE DELETE DELETE DELETE DELETE DELETE DELETE A DELETE DELETE DELETE DELETE 5 5 5	tered Agent 13. 1 TITLE 2 NAME 3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.3 STREET 3.4 CITY-ST 3.4 CITY-ST 3.4 CITY-ST 3.4 CITY-ST 3.5 TITLE 4.2 NAME 4.2 NAME 5.3 STREET 5.4 TITLE 5.5 TITLE 5.6 NAME 5.7 NAME 5.8 STREET 5.7 NAME 5.8 STREET 5.8 STREET 5.9 NAME 5.9 STREET 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET 5.3 STREET	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTOR TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cich change was authorn ction 607.0505, Florida S NOTE: Regist NOTE: Regist NOTE: Regist NOTE: Regist Indicable I	Leved Agent 13. 1 TITLE 12 NAME 13 STREET 14 CITY-ST 14 TITLE 12 NAME 13 STREET 14 CITY-ST 15 TITLE 13 STREET 14 CITY-ST 15 TITLE 15 NAME	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OFFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTOR TITLE PRES SEC. NAME HARRY DA HATO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Cich change was authorn ction 607.0505, Florida S CICH DELETE DELETE	tered Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 14 TITLE 23 STREET 24 CITY-ST 14 TITLE 23 STREET 24 CITY-ST 34 CITY-ST 35 TITLE 35 STREET 36 CITY-ST 37 TITLE 38 STREET 38 STREET 38 CITY-ST 38 TITLE 38 STREET	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OFFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of, Se SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTOR TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cition 607.0505, Florida S Ci	tered Agent 13. 1 TITLE 2 NAME 13 STREET 14 CITY-ST 14 TITLE 12 NAME 12 NAME 13 STREET 14 CITY-ST 14 TITLE 14 CITY-ST 15 TITLE 15 NAME 16 STREET 16 CITY-ST 16 TITLE 17 NAME 18 STREET 18 STREET 18 CITY-ST 18 TITLE 18 STREET 18 STREET 18 STREET 18 STREET 18 CITY-ST 18 TITLE 18 STREET 18	-named corporatio the corporatio t signature required ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	n's board of directors. I nereby ac	OFFICERS A	ND DIRECT Change	ORS IN 12 Addition Addition Addition

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:

THE AND TUPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 561-966-1100 Date Daytime Prione #