


FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90044 028 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000075270 1. Corporation Name A & L EQUIPMENT SERVICES, INC. | | | |
| Principal Place of Business 9156 WALSHINGHAM ROAD LARGO FL 34643 | | Mailing Address 9156 WALSHINGHAM ROAD LARGO FL 34643 | |
| 2. Principal Place of Business 21 A & L EQUIPMENT SERVICES Suite, Apt. #, etc. 813-630-6752 2815 N 71ST STREET TAMPA FL 33619 | | 2a. Mailing Address 26 A & L EQUIPMENT SERVICES Suite, Apt. #, etc. 813-630-6752 2815 N 71ST STREET TAMPA FL 33619 | |
| 23 Zip 33619 Country FL | | 28 Zip 33619 Country FL | |
| 24 9. Name and Address of Current Registered Agent STANONIS, ANTHONY E 9156 WALSHINGHAM ROAD LARGO FL 34643 | | 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | |
| 12. OFFICERS AND DIRECTORS 1. PRES. ANTHONY STANONIS 9156 WALSHINGHAM RD. LARGO, FL 33773 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| 2. SEC. TREAS. LAWRENCE STANONIS 9156 WALSHINGHAM RD. LARGO, FL 33773 | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| 3. TITLE 3.1 NAME 3.2 STREET ADDRESS 3.3 CITY-ST-ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| 4. TITLE 4.1 NAME 4.2 STREET ADDRESS 4.3 CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| 5. TITLE 5.1 NAME 5.2 STREET ADDRESS 5.3 CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| 6. TITLE 6.1 NAME 6.2 STREET ADDRESS 6.3 CITY-ST-ZIP | | 6.1 TITLE 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

4/13/99

813-630-5752

Daytime Phone #

CR2E034 (1/98)