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

Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90036 016 ***150.00

Corporatio	MEN I # P98000 CONSTRUCTION EQUIPM				1 100 100 LITT (BIRL 161) BANK BANK	1 20 11 20 12 2012 10 11 8 10	44 1022 (1 1 1) (68) (88)
Principal Plac	e of Business	Mailing Address			i santiant me tarns inns man	. 	45 tiles itin lest iss.
3585 NW 31ST AVENUE 3585 NW 31ST AVENUE							
OAKLAND PARK FL 33309 OAKLAND PARK FL 33309					. 50 1107 11		_
						RITE IN THIS SPAC	
					3. Date Incorporated or Qualif	eo- 	
		I de la servicio de distribuir de la servicio del servicio del servicio de la servicio della servicio della servicio de la servicio della ser			11/06/1998. 4. FEI Number		Applied For
2. Principal Place of Business 2a. Mailing Address					65-0874132	_	Not Applicable
21 26 Suite Act # etc					65-0814132		.75 Additional
Suite, Apt. #, etc.					5. Certifcate of Status Desired		ee Required
22					O Florier Connein Financia		
				6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees			
23 28 Zip Zip Zip			Count	Country 8. This corporation owes the current year Intangible			
Zip	·			Personal Property Tax.		.tirent year intangible ☐ Ye	
24	9. Name and Address of Currer		30		10. Name and Address of Ne		
	9. Name and Address of Curren	it Registered Agent	8	1 Name	,		
DIAC	GI, SCOTT				<u>: , , , , , , , , , , , , , , , , , , ,</u>		
3585 NW 31ST AVENUE			8	2 Street Add	ress (P.O. Box Number is Not Acce	eptable)	
OAKLAND PARK FL 33309			- A	3			
0/4	CALD 17 WILL I C 00000		٦		<u> </u>		
			8	4 City		FL 85	Zip Code
	to the provisions of Sections 607.050	0 1007 4500 Florida Ctable			norotion submits this statement for		ng its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was autions of, Section 607.0505, Florid	da Statute	es.	ions board of directors. Hereby a	12/31/58	as registered
Olgitation, types of printed the second				ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO		ECTORS IN 12
12.		DELETE	13.	<u> </u>	ADDITIONS/CHANGES 10,	□ Ct	
TITLE	President SOTT DAIAGE	- DELETE		1	:	_	• –
NAME	3585 NV 31AU	e	1.2 NAME	i	,]
STREET ADDRESS	3303 1 Pach F	7 23305		ET ADDRESS			}
CITY-ST-ZIP	anland PAIN FI 33305		1,4 CITY-				nange Addition
TITLE	J. President DELETE 2.11		2.1 TITLE	-	+ +		
NAME	ZAM Grosser 3585 Nor 31 AU	e	2.2 NAME				
STREET ADDRESS	13883 1012 1012 11	2/ 242.5		ET ADDRESS			
CITY-ST-ZIP	Oahland Park F		2.4 CITY			. U ¢ł	nange
TATLE	☐ DELETE		3.1 TITLE		<u> </u>		larigeAddition
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STREET ADDRESS			3.3 STRE	ET ADDRESS	į		
CITY-ST-ZIP			3.4. CITY				nange Addition
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C-TY-ST-ZIP			4.4 CITY-		<u> </u>		anna D Additio
TITLE		☐ DEFELE	5.1 TITLE	I .	'	□cı	nange
NAME			52 NAME		•		1
STREET ADDRESS			5.3 STRE	ET ADDRESS	<u> </u>		
C TY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE				nange
NAME			6.2 NAME	=			{
STREET ADDRESS			6.3 STRE	ET ADDRESS	i		1
			0.4.055	AT 710	ί.		ĺ

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: