

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

DOCUMENT # P98000095496

1. Corporation Name

AMCAP EQUIPMENT CORPORATION

Principal Place of Business

1717 N BAYSHORE DRIVE #3538
MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DRIVE #3538
MIAMI FL 33132

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90248 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

65-0870794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1830 NW 7th Avenue

Suite, Apt. #, etc.

22 1850

City & State

23 Miami Florida

Zip

Country

24 Dade

2a. Mailing Address

26 1717 N Bayshore Dr #4247

Suite, Apt. #, etc.

27 #4247

City & State

28 Miami Florida

Zip

Country

29 33132 30 Dade

9. Name and Address of Current Registered Agent

ZAPETIS, KAREN C
1717 N BAYSHORE DRIVE #3538
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

KAREN ZAPETIS

82 Street Address (P.O. Box Number is Not Acceptable)

1717 North Bayshore Drive

83

#4247

84 City

Miami

FL

85 Zip Code
33132

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

TITLE D - S ☐ DELETE

NAME ZAPETIS, KAREN C
STREET ADDRESS 1717 N BAYSHORE DRIVE #3538
CITY-ST-ZIP MIAMI FL 33132

TITLE D - P ☐ DELETE

NAME RICHARDS, JOE
STREET ADDRESS 455 NE 39TH ST
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME [Signature]
STREET ADDRESS [Signature]
CITY-ST-ZIP [Signature]

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VICE President - Director
JOSEPH GIMBONE
4837 UTAH STREET
SAN DIEGO CALIF 92101

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-VP, Director

Date

Daytime Phone #

4/15/99
305 381 9950

0191241

CR2E034 (11/98)