

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90011 007 \*\*\*150.00

DOCUMENT # P98000100918

1. Corporation Name

COMBUSTION EQUIPMENT SALES CORP.



Principal Place of Business

P.O. BOX 971245  
MIAMI FL 33197

Mailing Address

P.O. BOX 971245  
MIAMI FL 33197

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 261 NW 26th St.

Suite, Apt. #, etc.

22 City & State  
23 Miami, FL

24 Zip 33127 25 Country USA

2a. Mailing Address

26 P.O. Box 370805

Suite, Apt. #, etc.

27 City & State  
28 Miami, FL

29 Zip 33137 30 Country USA

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

65-0878919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ADAMS, ROBERT R  
701 BRICKELL AVENUE  
SUITE 2150  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME FOSSLER, CHARLES W  
STREET ADDRESS P.O. BOX 971245 N/A  
CITY-ST-ZIP MIAMI FL 33197

TITLE D ☐ DELETE  
NAME DUDZIAC, WILLIAM E  
STREET ADDRESS P.O. BOX 971245 N/A  
CITY-ST-ZIP MIAMI FL 33197

TITLE D ☐ DELETE  
NAME BREWER, SHAWN E  
STREET ADDRESS P.O. BOX 971245 N/A  
CITY-ST-ZIP MIAMI FL 33197

TITLE D ☐ DELETE  
NAME MILLER, TODD A  
STREET ADDRESS P.O. BOX 971245 N/A  
CITY-ST-ZIP MIAMI FL 33197

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 P.O. Box 370805  
1.4 CITY-ST-ZIP Miami, FL 33137

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS P.O. Box 370805  
2.4 CITY-ST-ZIP Miami, FL 33137

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS P.O. Box 370805  
3.4 CITY-ST-ZIP Miami, FL 33137

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS P.O. Box 370805  
4.4 CITY-ST-ZIP Miami, FL 33137

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

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:

Todd A. Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

305-571-3560

Daytime Phone #

CR2E034 (11/98)