


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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 313853			
1. Corporation Name: STEVE'S Concrete Pump PARTS INC. DBA Apex PARTS			
Principal Place of Business: 822 N. CENTRAL Blvd ORLANDO, FL 32805		Mailing Address: SAME	
2. Principal Place of Business: 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified: 12/02/91		3a. Date of Last Report: 4/96	
4. FEI Number: 59-3095137		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent: RAYMOND HOREY 49 Yawl Drive COCOA BEACH, FL 32931		10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE NAME: WALSH, JAMES P. STREET ADDRESS: 428 HAVERLAKE CIRCLE CITY-STATE: APOPKA, FL 1.2 TITLE <input type="checkbox"/> DELETE NAME: SEC. TREAS. STREET ADDRESS: HOREY, RAYMOND CITY-STATE: 49 YAWL DR, COCOA BEACH, FL 1.3 TITLE <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE: 1.4 TITLE <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE: 1.5 TITLE <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE:		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 or on an attachment with an address.		800002164468 -05/02/97--01131--033 ***165.00 Date: 4-29-97 Daytime Phone: 407/245-7771 EXT#105	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-29-97 Daytime Phone: 407/245-7771 EXT#105	

CR2E034 (9/96)