FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S25287 (1)

1. Corporate Name
CAVO EQUIPMENT CORPORATION

Principal Place of Business
P O BOX 16093
PLANTATION FL 33318-6093
US

Mailing Address
P O BOX 16093
PLANTATION FL 33318-6093
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1991
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0242342
Applied For / Not Applicable

State Apt. # or
22

State Apt. # or
27

City & State
23

City & State
28

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Fee for Computer Processing [ ] $5.00 May Be Added to Fees

24 25 29 30

8. Is the corporation qualified, or intended to be qualified under section 1361 Florida Statutes? X Yes [ ] No

9. Name and Address of Current Registered Agent

CAVO, GAIL C
1151 NW 77TH AVE
PLANTATION FL 33322

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 Section 607.0505 Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the undersigned, being the president of the corporation, hereby accepts the appointment as registered agent and agrees to act in this capacity. I further certify that I am familiar with and accept the duties and responsibilities of registered agent.

SIGNATURE

12. Officers and Directors

TITLE	PST
NAME	CAVO, GAIL
Street Address	1151 NW 77TH AVE
City State Zip	PLANTATION FL
TITLE	DT
NAME	CAVO, GAIL
Street Address	1151 NW 77TH AVE
City State Zip	PLANTATION FL

13. Additional Officers and Directors (Attach additional sheets if necessary)

TITLE [ ] Change [ ] Add
NAME
Street Address
City State Zip

TITLE [ ] Change [ ] Add
NAME
Street Address
City State Zip

TITLE [ ] Change [ ] Add
NAME
Street Address
City State Zip

TITLE [ ] Change [ ] Add
NAME
Street Address
City State Zip

TITLE [ ] Change [ ] Add
NAME
Street Address
City State Zip

TITLE [ ] Change [ ] Add
NAME
Street Address
City State Zip

14. I hereby certify that the corporation named in the report is currently qualified and has not paid, or the corporation is not subject to, the franchise tax provided for in Section 607.1622 Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall satisfy the requirements of Section 607.0128 Florida Statutes, that this document is executed by the president or other officer of the corporation or other agent duly authorized to execute the report as required by Section 607.0505 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer with an office address.

SIGNATURE: Gail C. Cavo, Pres. 4/26/95 (305) 971-4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GAIL C. CAVO, PRESIDENT

0433022 FP