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AND
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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1997 JUL 30 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S25287 (1)
1. Corporation Name
CAVO EQUIPMENT CORPORATION



Principal Place of Business Mailing Address
P O BOX 16093 PLANTATION FL 33316-6093 US

3. Date Incorporated or Qualified **01/16/1991** 3a. Date of Last Report **05/01/1996**
4. FEI Number **65-0242342** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST <input type="checkbox"/> DELETE
NAME	CAVO, GAIL
STREET ADDRESS	1151 NW 77TH AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	CAVO, GAIL
STREET ADDRESS	1151 NW 77TH AVE
CITY-ST-ZIP	PLANTATION FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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***165.00 ***165.00

7/30/97

14. I do 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.

CR2E034 (9/96)

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CAVO EQUIPMENT CORP.

P.O. BOX 16093 PLANTATION, FL 33318 * (954)971-4416, FAX (954)971-8207

July 21, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl 32302-1500

To Whom this May Concern:

On June 20, 1997 I spoke to an Angela in your office and advised her that we have not sent in the annual renewal for our company. I explained that Mrs. Gail Cavo the President of Cavo Equipment Corp. was in the hospital with a brain tumor and that we were behind here in the office. I had Mrs. Cavo sign the form after her operation and am now submitting the form. With Mrs. Cavo out of the office for the past few months it has taken me a while in getting caught up. I ask that you please make an exception and waive the late fee this one time.

Thank you in advance for your cooperation. If you have any questions please give me a call.

Sincerely



Linda Cichon
Administrative Assistant

/LC