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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90046 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S28911
 1. Corporation Name
NATIONAL SPECIALTY EQUIPMENT, INC.

Principal Place of Business: 509 LISA LANE, BRANDON FL 33511
 Mailing Address: 509 LISA LANE, BRANDON FL 33511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 01/31/1991
 4. FEI Number: 59-3058031
 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.

9. Name and Address of Current Registered Agent
PHILLIPS, JESSE J
509 LISA LANE
BRANDON FL 33511

10. Name and Address of New Registered Agent (81-85)

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	
TITLE	D ROBINSON, CARLOTA	1.1 TITLE	
NAME	509 LISA LANE	1.2 NAME	
STREET ADDRESS	BRANDON FL 33511	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D UMIKER, THOMAS L.	2.1 TITLE	
NAME	4910 HWY. 574 W.	2.2 NAME	
STREET ADDRESS	PLANT CITY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BUEHNER, JAMES F.	3.1 TITLE	
NAME	8528 THISTLEWOOD CT.	3.2 NAME	
STREET ADDRESS	DARIEN IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PHILLIPS, JESSE J.	4.1 TITLE	
NAME	11801 RAINTREE DRIVE	4.2 NAME	
STREET ADDRESS	17565 FAIR MEADOW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL TAMPA FL 33647	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Carloita Robinson, Pres.* CARLOTA ROBINSON 01/28/1999 813-654-3612
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)