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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # S36795

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TWIN MAC EQUIPMENT OF FLORIDA, INC.

Dain aireal Dina	e al Dusiesas		4.4	line Address						SM EL MLAST DAN		
Principal Plac			Mailing Address  5401 US 19. S.  NEW PORT RICHE FL 34852-3968					. , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	CHEY FL 34652	NEW										
US US								1	3. Date incorporated or Qualified 3a. Date of Last Report 03/11/1991 04/30/1996			
2. Principal P	lace of Business		2a. /	Mailing Address	<u> </u>			4. FEI Number			Ar	plied For
			26	<b></b>				59-3062261			No	t Applicable
Suite, Apt	#, etc		27	Suite, Apt. #, etc	<b>5.</b>			6. Certificate of Status	s Desired		\$8.75 / Fee Re	Additional equired
City & Stat	e		28	City & State				6. Election Campaign Trust Fund Contribution	-		\$5.00 Added	
Ziρ		Country		Zip	7	Country		8. This corporation ha				
4	25	•	29	•	30	•		Florida Statutes			No	. 189.032,
		Address of Cur		ered Agent				10. Name and Addres	s of New Reg	istered A	gent	
SCH	IURMAN, LYND	A				81	Name					
	2 EDGEWOOD					82	Street A	ddress (P.Q. Box Number is	Not Acceptable	le)		
	IDAY FL 34691						0	adress (F.O. box Hamber is	TOU PIOCOPIUO			
						83						
						84	City			FL	85 Zip	Code
11. Pursuant	to the provisions	of Sections 607.0	0502 and 607	7.1508. Florida	Statutes, th	e above	-named c	corporation submits this state	ment for the pu		changing it	s registere
office or r	registered agent, am familiar with, a	or both, in the St nd accept the ob	ate of Florida digations of, a	a. Such change Section 607,050	was author 05, Florida :	rized by Statutes	the corpo	corporation submits this states oration's board of directors. I	hereby accept	t the appo	intment as	registered
agent i a							•					
								·				
SIGNATURE	Stgmature, typicid or pri			аррікабів.		stered Age		equired when reinstating)	EC TO OFFICE	DATE FOR AND	DIRECTOR	
SIGNATURE			agent and title if	applicable.		siered Ape		equired when reinstating) ADDITIONS/CHANG	ES TO OFFICE	ERS AND		
SIGNATURE 12.	Stgnature, typed or pri	OFFICERS /		аррікабів.	E 1	stered Age			ES TO OFFIC	ERS AND	DIRECTOR Change	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 12 1997 8:00am

Secretary of State

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