

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ^{\$150.00}

058:

PROFIT CORPORATION ANNUAL REPORT 2000
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -3 PM 2:38

DOCUMENT # S 37236
 Corporation Name INTERNATIONAL EQUIPMENT GROUP, INC.

Place of Business Mailing Address
 4662 WOODLANDS VILLAGE DR
 ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 3/12/91
 4. FEI Number 59-3061022 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 owes the current year intangible Personal Property Tax. Yes X No

Principal Place of Business 26a. Mailing Address
 4662 WOODLANDS VILLAGE DR 26 4662 WOODLANDS VILLAGE DR
 Suite, Apt. #, etc. 27
 City & State 28 ORLANDO, FL
 Zip 32835 Country 29 USA 30 USA

9. Name and Address of Current Registered Agent
 CHRIS COLLINS
 4662 WOODLANDS VILLAGE DR
 ORLANDO, FL 32835

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 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. DATE 4/27/00

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	V. PRESIDENT
NAME	CHRIS COLLINS	1.2 NAME	CHERI COLLINS
STREET ADDRESS	4662 WOODLANDS VILLAGE DR	1.3 STREET ADDRESS	4662 WOODLANDS VILLAGE DR
CITY-ST-ZIP	ORLANDO, FL 32835	1.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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 ***150.00 ***150.00

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: Cheri Collins V-President DATE 4/27/00 DAYTIME PHONE # 305-794-7700

CR21E034 (11/98)