FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60299

(2)

Mailing Address

ETEAU OSCEOLA EQUIPMENT CO, INC.

Jul 01 1997 8:00am

Secretary of State

8020 N. 64 AVE HOLLYWOOD FL 33024		3020 N. 64 AVE HOLLYWOOD FL 33024-2926								
, ·						3. Date Incorporated or Qualified 03/10/1991		nte of Last)1/1996	Report	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For			
21		26			↓ 			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	0	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be			
23		28	28			Trust Fund Contribution		Added to Fees		
Zip	Country	h			8. This corporation has liability for i			s. 199.032,		
24	25					Florida Statutes Yes No				
: -	9. Name and Address of Curr	ent Registered Agent		. 1		10. Name and Address of New Re	gistered	Agent		
	ES, MARK		8	1	Name					
	02 GW 18TH ST		8:	2	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
UAY	IE FL		8:	1	·········					
* · ·									 	
			B	4	City		FL	85 Zip	Code	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and little if applicable (N	OTE Registered A	gen	ariupar esuranție î	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	98S IN 12	
TITLE	PD	DELETE	1,1 7(1).6			7.0071101107011111020 10 01110		Change	Addition	
NAME	OSCEOLA, ETEAU	_	1.2 NAME							
STREET ADDRESS	6341 NW 34TH ST		1.3 STREE	ET A	ADORESS					
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY	-\$1	- ŽIP					
TITLE	VP	DELETE	2.1 TITLE					Change	Addition	
NAME	OSCEOLA, ETEAU		2 2 NAME	E						
STREET ADDRESS	5341 N.W. 34TH ST		2 3 STRE	{ T #	address					
CITY-ST-ZIP	HOLLYWOOD FL		2 4 CITY	_	T - Z(P					
TITLE	OSCEOLA, ETEAU	☐ DELETE	3.1 TITLE					Change	Addition	
NAME	6341 N.W. 34TH ST		3.2 NAME							
STREET ADDRESS	HOLLYWOOD FL		3.3 STREI		ſ					
*CITY-ST-ZIP	HAPPINAARIE	DELETE	3.4. CITY		1-7IP		···	Change	Addition	
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NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE		ADDRESS					
: CITY-ST-ZIP			5.4 CHY-							
*TITLE		DELETE	6.1 TITLE	_				Change	Addition	
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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 eath; 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.

STREET ADDRESS CITY-SY-ZIP