

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S67587** (3)
1. Corporation Name
INTERNATIONAL EQUIPMENT & SUPPLY GROUP, INC.

Principal Place of Business

P.O. BOX 17-1637
HALEAH FL 33017

Mailing Address

P.O. BOX 17-1637
HIALEAH FL 33017



21	INTERNATIONAL EQUIPMENT & SUPPLY GROUP, INC. Suite, 8455 N.W. 85TH ST. MIAMI, FL 33186		2a. Mailing Address
22	City & State		26
23	Zip		27
24	Country	25	28
29	Zip		30
	Country		

3. Date Incorporated or Qualified 07/19/1991		3a. Date of Last Report 08/14/1995	
4. FEI Number 65-0277423		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LONDON, MARK S P.A.
4030-C SHERIDAN ST.
HOLLYWOOD FL 33021

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature: _____ typed or printed name of respondent signed and dated in ink at place above.

to the Registered Agent Superior in the United States for the

DATE _____

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAPT, WILLIAM M	
STREET ADDRESS	P.O. BOX 17-1637	
CITY - ST - ZIP	HALEAH FL	

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

21 TITLE	Bill M. GARNER <input type="checkbox"/> Charge <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	EVP
24 CITY, ST, ZIP	P.O. 821098

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

3.1 TITLE SOUTH FLORIDA, FL 33082-1000 ☐ Change ☐ Addition

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE ☐ Change ☐ Addition

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, STATE	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, STATE		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill M. GARNER 7-31-96 305-591-4265

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 1941

11-12-21

CR2E034 (12/95)