

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** V08075  
1. Corporation Name  
**Atlantic Caribbean Equipment Survey, Inc.**

Principal Place of Business <b>Florida</b>	Mailing Address <b>13560 Valbuena Court Jacksonville, FL 32224</b>
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2. Principal Place of Business <b>21 Florida</b>	2a. Mailing Address <b>26 13560 Valbuena Ct.</b>	3. Date Incorporated or Qualified <b>01/22/92</b>	3a. Date of Last Report <b>05/01/96</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>F59-3109732</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State <b>Jacksonville, FL</b>	<b>27</b> City & State <b>Jacksonville, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>23</b> Zip <b>32224</b>	<b>24</b> Country <b>U.S.</b>	<b>28</b> Zip <b>32224</b>	<b>29</b> Country <b>U.S.</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**Buschman, Ahern & Persons  
Attorneys at Law  
2215 South Third Street, Suite 101  
Post Office Box 50006  
Jacksonville Beach, FL 32240**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	Director/Vice President <input checked="" type="checkbox"/> DELETE
NAME	Linda A. Rials
STREET ADDRESS	1534 Marchside Dr
CITY-ST-ZIP	Jacksonville, FL 32240
TITLE	Director/President <input type="checkbox"/> DELETE
NAME	Briggs, Kim J.
STREET ADDRESS	2682 Treasure Cove Lane
CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	Director/Secretary/Treasurer <input checked="" type="checkbox"/> DELETE
NAME	Briggs, DaLean A.
STREET ADDRESS	2682 Treasure Cove Ln.
CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	200002221112--0
14 CITY-ST-ZIP	-06/24/97--01040--001
21 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Briggs, Kim J.
23 STREET ADDRESS	13560 Valbuena Ct
24 CITY-ST-ZIP	Jacksonville, FL 32224
31 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Briggs, DaLean A.
33 STREET ADDRESS	13560 Valbuena Ct.
34 CITY-ST-ZIP	Jacksonville, FL 32224
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	200002221112--0
44 CITY-ST-ZIP	-06/24/97--01040--002
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 oath; that I am an officer or director of the corporation or the recorder 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.

SIGNATURE: *DaLean A. Briggs* **DaLean A. Briggs, Secty** *6/20/97* **6/20/97** *904-285-0066* **904-285-0066**

CR2E034 (9/96)