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

PROFIT CORPORATION

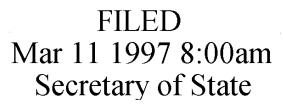
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



	1997				_}			
DOCU	MENT # V15387	7 (6)			* * * * * * * * * * * * * * * * * * * *			•
[1. Corporatio	in Name E quipment Corporatio i	` '						
		.•			 	818 11 918 11 818 11 !) 0) 1 0#
Disability (Disa	a ID local	Mailling Add ann						
1545 NE OCEA	e of Business	Mailing Address 1545 NE OCEAN BLVD. #2	205					
STUART FL 34		STUART FL 34996-1545						
					3. Date Incorporated or Qualified	3a. Date		port
	"lace of Business				02/20/1992	01/19/		
2. Principal F	Tace of Business	2a. Mailing Address 26			4. FEI Number 23-1690802			plied For t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	·····		5. Certificate of Status Desired		\$8.75 A	dditional
City & Stal	Pa	City & State					Fee Re	
23	C .	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 (Added to	
Zip	Country	Zip	Country	1	8. This corporation has liability for		cunder s.	
24	25 9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes 21		
SCH	IAEFFER, HENRY		81	Name	101 (101)	<u></u>		
1545 N. OCEAN BLVD., #205				Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
7739	♥? IART FL 34996		83					
310	MNI FL 34890						,	
			84],		FL	B5 Zip C	
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statut e of Florida. Such change was a	es, the above authorized by	e-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of ch	anging its	registered registered
l	rn familiar with, and accept the obliq	gations of, Section 607.0505, Flo	orida Statutes	S.				-5
SIGNATURE	Sug or no typed or prichald name of registered as	gent and fille it applicable (NOT	E: Registered Age	ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AT	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	SCHAEFFER, HENRY	C) DETELE	1.1 TITLE 1.2 NAME				Change	Addition
STHEET ADDRESS	1545 NE OCEAN BLVD.#205		1.3 STREET	ADDRESS				
DiTY ST-ZiP	STUART FL		1.4 CiTY - S	T-ZIP				
THILE	VD Schaeffer, Rosalie E.	☐ DELETE	2.1 TITLE				Change	Addition
NAME STREET ADDRESS	1545 NE OCEAN BLVD.#205		2.2 NAME 2.3 STREET	ADDRESS				
CITY-ST-ZIP	STUART FL		2. 4 CITY -	" \				
TITLE		DELETE	3.1 HITLE				Change	☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET	ADDOCCO				
CITY-ST-702			3.5 STREET					
THUE		☐ DELETÉ	4.1 TifLE				Change	Addition
NAME Over Labour on			4. 2 NAME	1				
STREET ADORESS ONLY ST-ZIP			4.3 STREET 4.4 CITY+S	- 1				
TITLE	711.04	DELETE	5.1 TIFLE				Change	Addition
NAMÉ			5.2 NAME					
STREET ADDRESS			5.3 STREET					
TITLE		DELETE	5.4 CITY - S 6.1 TITLE	11-41r			Change	Addition
NAME			6.2 NAME					•
PRESENTATION I STATE I	i		6.3 STREET	Annoted				

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

6.4 CITY - ST - ZIP

SIGNATURE:

0472140