


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

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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90002 008 ***150.00

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PROFIT CORPORATION'S ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V22884

1. Corporation Name
ALL CONSTRUCTION EQUIPMENT SALES, INC.

Principal Place of Business 14911 SW 150 ST MIAMI FL 33196 US	Mailing Address 14911 SW 150 ST MIAMI FL 33196 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5026 N.W. 120 AVE		2a. Mailing Address 26 5026 N.W. 120 AVE		3. Date Incorporated or Qualified 03/20/1992		4. FEI Number 65-0328857		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State 23 CORAL SPRINGS, FLA		City & State 28 CORAL SPRINGS, FLA		Zip 24 33076 25 USA		Zip 29 33076 30 USA			

9. Name and Address of Current Registered Agent BUSCH, JOHN E. 14911 SW 150 ST MIAMI FL 33196				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5026 N.W. 120 AVE 83 84 City CORAL SPRINGS FL 85 Zip Code 33076			
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSCH, JOHN E			1.2 NAME	5026 N.W. 120 AVE		
STREET ADDRESS	14911 SW 150 ST			1.3 STREET ADDRESS	CORAL SPRINGS, FLA		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	33076		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	SAME	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSCH, CARMEN R.			2.2 NAME	5026 N.W. 120 AVE		
STREET ADDRESS	14911 SW 150 ST			2.3 STREET ADDRESS	CORAL SPRINGS, FLA		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	33076		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: John E. Busch 3/25/99 305-281-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR05034 (11/98)