

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

FILED

Feb 03 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V51848 (2)</b> 1. Corporation Name <b>ATLANTIC PUMP &amp; EQUIPMENT COMPANY OF MIAMI, INC.</b>			
Principal Place of Business <b>3055 NW 84TH AVE MIAMI FL 33122 US</b>		Mailing Address <b>20 N ORANGE AVE SUITE 200 ORLANDO FL 32801 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified <b>07/17/1992</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>65-0350346</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input 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>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	WALLIS III, JOHN P.		
STREET ADDRESS	11812 W 37TH TERR		
CITY-ST-ZIP	MIAMI FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	HALL, A S JR		
STREET ADDRESS	20 N ORANGE AVE SUITE 200		
CITY-ST-ZIP	ORLANDO FL		
TITLE	DST	<input checked="" type="checkbox"/> DELETE	
NAME	ZEPF, J S		
STREET ADDRESS	20 N ORANGE AVE SUITE 200		
CITY-ST-ZIP	ORLANDO FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	HUGHES, DAVID H		
STREET ADDRESS	20 N ORANGE AVE SUITE 200		
CITY-ST-ZIP	ORLANDO FL		
TITLE	AS	<input checked="" type="checkbox"/> DELETE	
NAME	BLACKFORD, ROBERT N		
STREET ADDRESS	TWO SOUTH ORANGE AVE		
CITY-ST-ZIP	ORLANDO FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	A. STEWART HALL, JR		
1.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
1.4 CITY-ST-ZIP	ORLANDO FL 32801		
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	DAVID H HUGHES		
2.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
2.4 CITY-ST-ZIP	ORLANDO FL 32801		
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	J STEPHEN ZEPF		
3.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
3.4 CITY-ST-ZIP	ORLANDO FL 32801		
4.1 TITLE	S/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	JAY CLARK		
4.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
4.4 CITY-ST-ZIP	ORLANDO FL 32801		
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	BENJAMIN P BUTTERFIELD		
5.3 STREET ADDRESS	20 N ORANGE AVE STE 200		
5.4 CITY-ST-ZIP	ORLANDO FL 32801		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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.			
<b>SIGNATURE:</b> <i>Jay Clark</i>		<b>1/14/97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CR2E034 (9/96)