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

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54278

(9)

SUNCOAST INDUSTRIAL EQUIPMENT, INC.

(9

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



125 NW 45TH AVENUE DEERFIELD BEACH FL 33442		125 NW 45TH AVENUE DEERFIELD BEACH FL 33442-9385					
					3. Date Incorporated or Qualified 07/30/1992	3a. Date of 05/01/	f Lest Report 1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21 Suite, Apt.	# etc	26	· -		65-0350851		Not Applicable
22		27	—		5. Certificate of Status Desired	□ →	8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Count 30	try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigsim\) No		
	g. Name and Address of Curre	nt Registered Agent		.,	10. Name and Address of New Re	gistered Ager	ıt
	RT, TIMOTHY		8	1 Name	•		
	NW 45TH AVENUE ERFIELD BEACH FL 33442		L.		dress (P.O. Box Number is Not Acceptab	le)	
			8	3			
			8	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abo	ve-named co	rporation submits this statement for the p	urnose of cha	nging its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statut	by the corpora les.	ation's board of directors. I hereby accep	t the appoints	nent as registered
SIGNATURE							
12.	Signature, typed or printed name of registered ag	unt and life if applicable (NC		gent signature requ	uired whon reinstating)	DATE	505050
TITLE	D	DELETE	13.	:	ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12 Change
NAME	HART, TIMOTHY		1.2 NAM			, ر	mange Addition
STREET ADDRESS	125 NW 45TH AVNUE			ET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 C(1)				
TITLE		DELETE	2.1 1011			П	Change Addition
NAME			2.2 NAM	E		_	
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP				'-ST-ZIP			
TITLE		DELETE	3.1 TITLE				Change Addition
NAME			3.2 NAMI	f			
STREET ADDRESS			3 3 STRE	F1 ADDRESS			
CITY-ST-ZIP	-		3.4 CiTY	-ST-ZIP			
TITLE		DELETE	4 1 TITLE				Change Addition
NAME	•		4. 2 NAM	IE			
STREET ADDRESS	· .		4.3 S1RE	ET ADDRESS			
CITY-ST-ZIP		1 1 1 2 2 2 2 2	4.4 CITY			·····	
TITLE		☐ DELETE	5 1 TITLE				Change
NAME			5.2 NAME	E			
STREET ADDRESS			5.3 STRE	FT ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE				Change 🔲 Addition
NAME			6.2 NAM6	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			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. 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 truster, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12(o) Block 13 if prianged, or on an attachment with an address.

4/10/00