FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT #
1. Corporation Name (9) V54278 SUNCOAST INDUSTRIAL EQUIPMENT, INC. Principal Place of Business Mailing ddress 125 NW 45TH AVENUE DEERFIELD BRACH FL 33442 125 NW 45TH AVENUE **DEERFIELD BEACH FL 33442** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 Not Applicable 65-0350851 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζiρ intry 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BI HART, TIMOTHY 125 NW 45TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 62 **DEERFIELD BEACH FL 33442** 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE HART, TIMOTHY NAME 1.2 NAME STREET ADDRESS 125 NW 45TH AVNOE 1.3 STREET ADDRESS DEERFIELD BEACH FL COY-ST-ZIP 1.4 City-St-2IP DELETE 2.1 TITLE ☐ Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ■ DELETE Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. DITY - ST DEL. ☐ Change TITLE 4.1 TITLE ☐ Addition STREET ADDRESS . ≠ET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ___ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

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 open attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

CICMATURE.

NAME

STREET ADDRESS

CITY-ST-ZIP

1-6-98

954-974-7877