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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI Corporation	MENT # V7089 4	4 (3)			
ľ	AL EQUIPMENT SERVICES	` '			
					NJENI BIBIN BIBIN BIBIN BIBIN IBBI
Principal Plac	e of Business	Mailing Address			[[0]]
3417 E 7TH A		3417 E 7TH AVE		Ĭ	
SUITE C		SUITE C		DO NOT WRITE IN TH	HS SPACE
TAMPA FL 33	outo	TAMPA FL 33605		3. Date Incorporated or Qualified	10 07 7 02
				10/09/1992	
2. Principal P	lace of Business	2a. My ig Agress	2	4. FEI Number	Applied For
Suite Apt	" olc Jujums	Suite Apt # etc 4	1	59-3139312	Not Applicable \$8.75 Additional
22 .3HC	1EDY dus	27 Dovon fe	h	5. Certificate of Status Desired	Fee Required
City & Stell	6 610	City & State		6. Election Campaign Financing	\$5.00 May 8e
23 /nm	In Jun	28]	Coultry and	Trust Fund Contribution	Added to Fees
3366	95 3 2411CA	33527	Hille	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
21, 2000	9, Name and Address of Currer		10//100 00	10. Name and Address of New Register	
WO	OLSEY, EDWARD T.		81 Name		
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DO:	VER FL 33527		83		
			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statutes	s, the above-named cor		
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was au ations of, Section 607,0505, Flori	thorized by the corpora ida Statutes.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature requ		
TOTALE	DIFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	WOOLSEY, EDWARD T	_ Marie	1.2 NAME		C Commigo C Accinion
STREET ADDRESS	14505 DOWNING ST		1.3 STREET ADDRESS	Prisdent P. 15+	
CITY-ST-ZIP	DOVER FL		1.4 CITY-ST-ZIP	risken	
TITLE	V	DELETE	2.1 TITL€		Change Addition
NAME	WOOLSEY, PATRICK E.		2.2 NAME	· 10:1-t	
STREET ADDRESS	14505 DOWNING ST		2.3 STREET ADDRESS	hip Knudin	
CITY-ST-ZIP TITLE	DOVER FL S	DELETE	2. 4 CITY-ST-ZIP	July 1000000	Change Addition
NAME	DUNCAN, VICKIE A.		3.2 NAME	Λ <i>/</i>	Em credigo Emit Ministeri
STREET ADDRESS	14505 DOWNING ST		3.3 STREET ADDRESS	V. a all	,
CATY-ST-ZIP	DOVER FL		3.4. CITY-ST-ZIP	Die O /Mesux	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	v	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		FT refer	5.1 TITLE		

CITY-ST-ZIP 14. Thereby 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 13 if changed, or or an attachment with apparations.

6.1 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition

FILED

Feb 27 1998 8:00am

Secretary of State