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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000068402 (5)**

1. Corporate Name
SOUTHWEST FLORIDA EQUIPMENT, INC.

Principal Place of Business	Mailing Address
1419 SE 8TH TERRACE CAPE CORAL FL 33990	1419 SE 8TH TERRACE CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0440745	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

DANTON, VICTORIA
1419 SE 8TH TERRACE
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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(S) [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	DOSORETZ, DANIEL E	12 NAME	
STREET ADDRESS	3680 BROADWAY	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	14 CITY-ST-ZIP	
02 TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, HOWARD M	22 NAME	
STREET ADDRESS	3680 BROADWAY	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	24 CITY-ST-ZIP	
03 TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	KATIN, MICHAEL J	32 NAME	
STREET ADDRESS	3680 BROADWAY	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	34 CITY-ST-ZIP	
04 TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BLITZER, PETER H	42 NAME	
STREET ADDRESS	3680 BROADWAY	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	44 CITY-ST-ZIP	
05 TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RUBENSTEIN, JAMES H	52 NAME	
STREET ADDRESS	3680 BROADWAY	53 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	54 CITY-ST-ZIP	
06 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Daniel E. Dosoretz 5/1/95 813-772-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0211P94 CP