

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P93000068402 (5)

1. Corporation Name

SOUTHWEST FLORIDA EQUIPMENT, INC.



Principal Place of Business

**1419 SE 8TH TERRACE
CAPE CORAL FL 33990**

Mailing Address

**1419 SE 8TH TERRACE
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1850 Boy Scout Dr

Suite, Apt. #, etc.

27

101

City & State

28

Ft Myers, Fl

Zip

29

33907

Country

30

Lee

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 and 607.1505, 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's signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
DOSORETZ, DANIEL E
3680 BROADWAY
FT MYERS FL 33901**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
SHERIDAN, HOWARD M
3680 BROADWAY
FT MYERS FL 33901**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
KATIN, MICHAEL J
3680 BROADWAY
FT MYERS FL 33901**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BLITZER, PETER H
3680 BROADWAY
FT MYERS FL 33901**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
RUBENSTEIN, JAMES H
3680 BROADWAY
FT MYERS FL 33901**

TITLE

NAME

STREET ADDRESS

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)