## 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

## DOCUMENT # P9300068402 (5)

SOUTHWEST FLORIDA EQUIPMENT, INC.

Principal Place of Business

Mailing Address

FILED May 01 1996 8:00 am Secretary of State



1419 SE 8TH TERRACE CAPE CORAL FL 33990		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		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 1850 Boyscout Dr		65-0440745	Not Applicable
22 Suite, Apr	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	216	27 # 101	· · · · · · · · · · · · · · · · · · ·		Fee Required
23	aco	City & State  28 Ft Myers	מי ביו	6. Election Campaign Financing	<sub>ГП</sub> <b>\$5.00</b> Мау Ве
Ζip	Country	26 ΓC Hyels	····	Trust Fund Contribution	L. Added to Fees
24	25	29 33907	Country 30 Lee	This corporation has liability for in Florida Statutes     Yes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	
	•••		81 Name		
DANTON, VICTORIA 1419 SE 8TH TERRACE CAPE CORAL FL 33990			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
			L [		
UAIL	OOME PE 33990		83		
			84 City		FI 85 Zip Code
11. Pursuant	t to the provisions of Sections 607,0502	and 607.1508, Florida State	utes, the above-named corpo	ration submits this statement for the purp	
familiar v	ered agent, or both, in the State of Flori with, and accept the obligations of, Soci	da. Such change was author ion 607.0505. Florida Statute	ized by the corporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE			55.		
	Signature, typed or printed name of registered agent		NOTE: Rugistered Agend signature reduire	ad when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	STD	[]] DELETE	1. 1 TITLE		Change Addition
NAME	DOSORETZ, DANIEL E		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901		1.4 CITY - ST - ZIP		
TITLE	D		1.4 (11 1 - 5) - 21		
NAME	CUEDIDAN HAWADO M	[] DELETE	2 1 THE		Change Addition
PTDFF5	SHERIDAN, HOWARD M	[] DELETE			Change Addition
STREET AUDRESS	3680 BROADWAY	[] DELETE	2 1 THE		Change Addition
CITY-ST-ZIP	3680 BROADWAY FT MYERS FL 33901		2 1 Title 2 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-7IP		Change Addition
CITY-ST-ZIP TITLE	3680 BROADWAY FT MYERS FL 33901 PD	□ DEFEIE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-7IP 3 1 TITLE		Change Addition
C/TY-ST-ZIP TITLE NAME	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J		2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-7IP 3 1 TITLE 3 2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J 3680 BROADWAY		2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7/P 3 1 TITLE 32 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J	DECETE	2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7/P 3 1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7/P		Change Addition
C/TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J 3680 BROADWAY FT MYERS FL 33901 D		2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7IP 3 1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7IP 4.1 TITLE		
CHY-SI-ZIP TITLE NAME STREEL ADDRESS CHY-SI-ZIP TITLE NAME	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J 3680 BROADWAY FT MYERS FL 33901 D BLITZER, PETER H	DECETE	2 1 TILLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7IP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7IP 4.1 TITLE 4.2 NAME		Change () Addition
CHY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J 3680 BROADWAY FT MYERS FL 33901 D BLITZER, PETER H 3680 BROADWAY	DECETE	2 1 TILLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-7IP 3 1 TILLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-7IP 4 1 TILLE 4 2 NAME 4 3 STREET ADDRESS		Change () Addition
C/TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J 3680 BROADWAY FT MYERS FL 33901 D BLITZER, PETER H 3680 BROADWAY FT MYERS FL 33901	DELETE	2 1 TILLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7IP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-7IP		Change Addition  Change Addition
C/TY-ST-ZIP TITLE NAME STREE1 ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/TY-ST-ZIP TITLE	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J 3680 BROADWAY FT MYERS FL 33901 D BLITZER, PETER H 3680 BROADWAY FT MYERS FL 33901 D	DECETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4 3 STREET ADDRESS 4 4 CHY-ST-ZIP 5 1 TITLE		Change () Addition
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C/TY-ST-ZIP TITLE NAME STREE1 ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/TY-ST-ZIP	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J 3680 BROADWAY FT MYERS FL 33901 D BLITZER, PETER H 3680 BROADWAY FT MYERS FL 33901 D RUBENSTEIN, JAMES H	☐ DELETE	2 1 TILLE 2 2 NAME 2 3 STREEL ADDRESS 2 4 CHY-ST-7IP 3 1 TILLE 3 2 NAME 3 3 STREEL ADDRESS 3 4 CHY-SL-7IP 4.1 TILLE 4.2 NAME 4 3 SCHEEL ADDRESS 4 4 CHY-SL-7IP 5 1 TILLE 5 2 NAME 5 3 STREEL ADDRESS 5 4 CHY-SL-7IP		Change Addition  Change Addition  Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3680 BROADWAY FT MYERS FL 33901 PD KATIN, MICHAEL J 3680 BROADWAY FT MYERS FL 33901 D BLITZER, PETER H 3680 BROADWAY FT MYERS FL 33901 D RUBENSTEIN, JAMES H 3680 BROADWAY	☐ DELETE	2 1 TILLE 2 2 NAME 2 3 STREEL ADDRESS 2 4 CHY-SI-7IP 3 1 TILLE 3 2 NAME 3 3 STREEL ADDRESS 3 4 CHY-SI-7IP 4.1 TILLE 4.2 NAME 4 3 STREEL ADDRESS 4 4 CHY-SI-7IP 5 1 TILLE 5 2 NAME 5 3 STREEL ADDRESS 5 4 CHY-SI-7IP 6 1 TILLE		Change Addition  Change Addition  Change Addition

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 alkachment with an address.

SIGNATURE:

TYPED OF PRICTER NAME OF SIGNING OFFICER OF DIRECTOR

Daylinic Phone #