

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

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90031 038 \*\*\*\*61.25

06-15-2001 90171 046 \*\*\*\*88.75

**PROFIT  
CORPORATION  
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 465063**

1. Corporation Name  
**SUPERIOR EQUIPMENT CORP.**

**Principal Place of Business**

3441 N.W. 19 ST  
FT. LAUDERDALE FL 33311  
US

**Mailing Address**

3441 N.W. 19TH ST  
FT. LAUDERDALE FL 33311  
US

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

11/15/1974

**4. FEI Number**

59-1561127

Applied For  
Not Applied

**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 owes the current year Intangible  
Personal Property Tax.**

☐ Yes ☒ No

**2. Principal Place of Business**

21

Suite, Apt. #, etc.

**23. City & State**

23

Zip

Country

**2a. Mailing Address**

26

Suite, Apt. #, etc.

**27. City & State**

27

Zip

Country

**9. Name and Address of Current Registered Agent**

SADOWITZ, SANDRA  
3441 N.W. 19TH ST  
FT. LAUDERDALE FL 33311

**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 607.0502 and 607.1506, 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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE**

VSD

☐ DELETE

**NAME**

SADOWITZ, SANDRA

**STREET ADDRESS**

8013 N.W. 83RD ST.

**CITY-ST-ZIP**

TAMARAC FL

**TITLE**

PD

☐ DELETE

**NAME**

SADOWITZ, JACK

**STREET ADDRESS**

8013 N.W. 83RD ST

**CITY-ST-ZIP**

TAMARAC FL

**TITLE**

☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

☐ DELETE

**NAME**

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**CITY-ST-ZIP**

**TITLE**

☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**

☐ Change ☐ Add

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE**

☐ Change ☐ Add

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE**

☐ Change ☐ Add

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE**

☐ Change ☐ Add

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE**

☐ Change ☐ Add

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE**

☐ Change ☐ Add

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-ST-ZIP**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Sandra Sadowitz*

SANDRA SADOWITZ 4/30/01 (954) 777-0064

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

Daytime Phone



Attachment  
A0073455

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 4, 2001

SUPERIOR EQUIPMENT CORP.  
3441 N.W. 19TH ST  
FT. LAUDERDALE, FL 33311 US

Subject: **SUPERIOR EQUIPMENT CORP.**

Reference Number: **465063**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$88.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/mp  
ANNUAL REPORTS SECTION