

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 NOV -5 PM 2:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 465063 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SADOWITZ, SANDRA 3441 N.W. 19TH ST FT. LAUDERDALE, FL 33311				Name Charles Vinton Street Address (P.O. Box Number is Not Acceptable) 6811 Coral Reef St. City Lake Worth, FL Zip Code 33467	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Charles Vinton</i></u> Charles Vinton <u>11/04/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SADOWITZ, SANDRA 8013 N.W. 83RD ST. TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SADOWITZ, JACK 8013 N.W. 83RD ST TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vinton, Susan 6811 Coral Reef St. Lake Worth, FL 33467 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Vinton, Charles 6811 Coral Reef St. Lake Worth, FL 33467 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900042533419 11/05/04--01063--011 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Charles Vinton</i></u> Charles Vinton		<u>11/04/04</u> 954-777-0064 Daytime Phone #			