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

PROFIT CORPORATION ANNUAL REPORT



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

19	196

DOCUMENT # 478630 (7) VOGLER EQUIPMENT COMPANY, INC.			I ABBIK BURI IRRIC KAKA BURI KA	i Den Glek Akl	nii Bibii Bibii i	IABIN B iban A dr i		
Principal Place of Business Mailing Address								
19900 NE 15TI	н ст	19900 NE 15TH (-					
n miami beac	CH FL 33179	N MIAMI BEACH F	·L 33179		3. Date Incorporated or Qualified	3a. Date	of Last Rep	ort
					07/01/1975	<u> </u>	1/25/199	
Principal Place	e of Business	2a. Mailing Address			4. FET Number			oplied For ot Applicable
Suite. Apt #.	nto.	Suite. Apt. #, etc			59-1604363			Additional
Outto, Apr. 11		27			5. Certificate of Status Desired			equired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	28 Z _{(P}	Countr	y	8. This corporation has liability for	intangible ta		
	25	29	30			□No		
	9. Name and Address of Curren	t Registered Agent	8	I Name	10. Name and Address of New F	Registered	Agent	
						-1-)		
VOGLER,			8	Street Add	ress (P.O. Box Number is Not Acceptate	oie)		
	w 3RD St. Non Fl 33325		8	3				
LEWIN	HON I E GOODS		8	4 City			B5 Zip	Code
					ration submits this statement for the purich of directors. I hereby accept the app	FL	.	ainternal offi
EEL ADORESS	OFFICERS AN ST VOGLER, ROSALIE L 21340-01 N.E. 15TH CT.		(NOTE REQUESTION A. 1 1 THE 12 NAME 13 STHE		ADDITIONS/CHANGES TO OF		DIRECTOR Change	RS IN 12
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LE ME	PD Vogler, J G	[_] (A) (A)	2 7 1111 2 2 NAM	1				_
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Y - ST - ZIP	PLANTATION FL			ST ZP		<u>-</u>	Change	Additio
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ME	VOGLER, TY		3.2 NAM	EFI ADDRESS	11628 SW 50 ST			
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REET ADDRESS				EL ADDRESS				
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ME Reet address			•	EET ADDRESS				
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ME			6.2 NAM	16				
REET ADDRESS				EFT ADDRUSS				
TY-SI-ZIP	condition that the information survey and	with this filma is voluntarily	· funiched and c	r-SI-ZIF oes not qualify	for the exemption stated in Section 11	9.07(3)(k), F	lorida Statut	es. I further
certify that		nual report or supplementa noration or the receiver or t	i annual report is rustee empowere		rate and that my signature shall have th his report as required by Chapter 607,			
• •	(Ox	w Wife		Vogler	201	5-653-6	:000	
	URE:							