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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **486581** **(2)**

1. Corporation Name

BUSINESS EQUIPMENT CENTER, INC.

Principal Place of Business	Mailing Address
2951 SIMMS ST. SUITE 106 HOLLYWOOD FL 33020 US	2951 SIMMS ST. SUITE 106 HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified: **10/21/1975**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business
21: 2951 SIMMS STREET
22: Suite, Apt. #, etc
23: City & State: HOLLYWOOD , FL
24: Zip: 33020
25: Country: US

2a. Mailing Address
26: 2951 SIMMS STREET
27: Suite, Apt. #, etc.
28: City & State: HOLLYWOOD, FL
29: Zip: 33020
30: Country: US

4. FEI Number: **59-1631527** ☐ 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

FRIEDMAN, SHEPHERD
2951 SIMMS STREET
SUITE 106
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: FRIEDMAN, SHEPHERD
82 Street Address (P.O. Box Number is Not Acceptable): 2951 SIMMS STREET
83
84 City: HOLLYWOOD **FL** 85 Zip Code: 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name altered.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, SHEPHERD		1.2 NAME		
STREET ADDRESS	10800 SANTA FE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARY R. FRIEDMAN		2.2 NAME		
STREET ADDRESS	10800 SANTA FE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Shepherd A. Friedman Shepherd A. Friedman 3/1/96 954-923-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #