

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

**2951 SIMMS ST.
HOLLYWOOD FL 33020
US**

Mailing Address

**2951 SIMMS ST.
HOLLYWOOD FL 33020-1510
US**

FILED
Apr 02 1997 8:00am
Secretary of State



2. Principal Place of Business
21 **3340 Griffin Rd**
Suite, Apt. #, etc.
22
City & State
23 **Ft. Lauderdale FL**
Zip Country
24 **33312** 25
2a. Mailing Address
26 **3340 Griffin Rd**
Suite, Apt. #, etc.
27
City & State
28 **Ft. Lauderdale FL**
Zip Country
29 **33312** 30

3. Date Incorporated or Qualified **10/21/1975** 3a. Date of Last Report **03/07/1996**
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
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)
3340 Griffin Rd
83
84 City **Ft. Lauderdale** FL 85 Zip Code **33312**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	FRIEDMAN, SHEPHERD	10800 SANTA FE DR.	COOPER CITY FL	<input type="checkbox"/>
VTD	MARY R. FRIEDMAN	10800 SANTA FE DR.	COOPER CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: *Shepherd A. Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97 *954985-9922*
Date Daytime Phone #