Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90113 019 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

/ Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 486581

1. Corporation Name

CITY-ST-ZIP

BUSINESS EQUIPMENT CENTER, INC.

Principal Place of Business Mailing Address								
FT LAUDERDALE FL 33312 FT LAUDI		3340 GRIFFIN RD FT LAUDERDALE FL 33312				DO NOT WRITE IN THIS	S SPACE	
US US						3. Date Incorporated or Qualifed		
						10/21/1975		ļ
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	— Apr	olied For
21	ace of Business	26				59-1631527	Not	Applicable
Suite, Apt. i	#. etc.	Suite, Apt. #, etc.			<del> </del>		\$8.75 A	dditional
22	.,	27				5. Certifcate of Status Desired	Fee Red	quired
_ City & State	<u> </u>	City & State				- 8.= Election: Campaign Financing	\$5.00-	Mey Be=
23		28				Trust Fund Contribution Added to Fees		
Zip	Country Zip Cou			ntry		8. This corporation owes the current year Ir		_ 1
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	i Agent	
			Ī	81	Name			
FRIEDMAN, SHEPHERD			<b> </b>	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	GRIFFIN RD				····			
FI L	AUDERDALE FL 33312			83				
	•		h	84	City		85 Zip C	ode
					•	FI	L I J . '	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was a	ιυτηοrizeα	ו עם	ıne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its intment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered	Anent	t signature require	red when reinstating) DATE		<del></del> -
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1,1 111	LE _			Change	☐ Addition
NAME	FRIEDMAN, SHEPHERD		1.2 NA	ME				
STREET ADDRESS	2601 S.W 130 TERR		1.3 ST	REET	ADORESS			
CITY-ST-ZIP	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Y-ST	r-ZIP			
TITLE	VTD DELETE 2.11						Change	☐ Addition
NAME	MARY R. FRIEDMAN			ME				-
STREET ADDRESS	2601 S.W. 130 TERR		2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	DAVIE FL 33330		2. 4 CI					
TITLE		☐ DELETE	3.1 TIT				Change	Addition
NAME	* *	·	3.2 NA	ME -		· · · · · · · · · · · · · · · · ·	•	
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-S1	T-ZIP			
TITLE		☐ DELETE	4.1 TIT				Change	Addition
NAME	-		4.2 N	ME				}
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	•		4.4 CIT					
TITLE	4.00		5.1 TIT				☐ Change	☐ Addition
NAME	•		5.2 NA	ME		•		
STREET ADDRESS			5.3 ST	REET	ADDRESS			j
CITY-ST-ZIP			5.4 CII	Y- 51	r-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE		<u> </u>	Change	☐ Addition
NAME			6.2 NA	MĖ				]
STREET ADDRESS			6.3 ST	REET	ADDRESS			ĺ

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.

6.4 CITY- \$T-ZIP

(954) 985.9922 SIGNATURE?