

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M82325** (5)

1. Corporation Name

COMET EQUIPMENT CORPORATION



Principal Place of Business

**6701 N.W. 15TH AVENUE
FT. LAUDERDALE FL 33309**

Mailing Address

**6701 N.W. 15TH AVENUE
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
05/20/1988

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

21 **1341 N.W. 13 AVE.**

2a. Mailing Address

26 **1341 N.W. 13 AVE.**

4. FEI Number
65-0052183

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

23 **POMPANO BEACH, FL.**

City & State

28 **POMPANO BEACH, FL.**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

24 **33069**

Country

25 **U.S.A.**

Zip

29 **33069**

Country

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANSON, PETER R.
6701 N.W. 15TH AVENUE
FT. LAUDERDALE 33309**

81 Name
HANSON, PETER R.

82 Street Address (P.O. Box Number is Not Acceptable)
1341 N.W. 13 AVE.

83

84 City
POMPANO BEACH

85 Zip Code
FL 33069

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 **PETER R. HANSON, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **HANSON, PETER R.**
STREET ADDRESS **6701 N.W. 15TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **HANSON, PETER R.**
1.3 STREET ADDRESS **1341 N.W. 13 AVE.**
1.4 CITY-ST-ZIP **POMPANO BEACH, FL. 33069**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE: **PETER R. HANSON, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 954-975-6401

Date

Daytime Phone #

CR2E034 (12/95)