PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300053638 1. Corporation Name SOUTHWEST EQUIPMENT MANAGEMENT, INC.								
Principal Place	e of Business	Mailing Addr	938		- P 1880 Båt sit iftige cint dates gain gante	Gerar ansag intå brigg		
853 VANDERBU	ILT BEACH RD	853 VANDERB	LILT BEACH RD					
SUITE 201 SUITE 201					DO NOT WRITE IN	THIS SPACE		
Naples FL 341 Us	08	NAPLES FL 33 US	1963		3. Date Incorporated or Qualifed			
05		00			07/26/1993		į	
2 Principal Pi	ace of Business	2a. Mailing A	ddress		4. FEI Number	Apr	plied For	
21 //2/6/	TANJAHI TR.	26			65-0426784	Not	Applicable	
Suite Apt	#, etc.	Suite, Apt	t. #, etc.			\$8.75 A		_4.
22 255		27					quired	_
City 82State	1-66	City & Sta	ate		6. Election Campaign Financing	\$5.00		٠
23 17 / 17	<u> </u>	28		<u> </u>	Trust Fund Contribution	Added to	o rees	
3411	D-434 Country	Zip	30	Country	 This corporation owes the current ye Personal Property Tax. 		□No \	
24 0 1/1	9. Name and Address of Current	t Registered Age		┸┷┯┈┈	10. Name and Address of New Regist			:
	3. Haline and Address of Curren	t registrice Age		B1 Name				
MIER	RENDORFF, KAY			82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
1121	6 N TAMIAMI TR	•		OZ SUBBLAG	uless (F.O. DOX Humber is Not Accopiable)			
	E 233			83			1	
NAPI	LES FL 34110			84 City		85 Zip C	ode	
	•			(1		FL		
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the obligat	2 and 607.1508, F of Florida. Such c	ionda Statutes, i ranga was autho	the above-named co- prized by the corpora	rporation submits this statement for the purportion's board of directors. I hereby accept the	appointment as reg	istered	
SIGNATURE	tu istustist milu' suo soceht me nosida	uons on, Section of	U1.0000, 1 KGHOB	Cibiolog.				~
SIGNATURE	Signature, typed or printed name of registered agen	uons on, Section of	U1.0000, 1 KGHOB	Statutes. statutes. 13.		TE RS AND DIRECTO		1/98)
SIGNATURE	Signature, typed or printed name of registered agen	t and little if applicable. D DIRECTORS	U1.0000, 1 KGHOB	jatered Agent signature requ	sired when remetaling)	TE		(11/98)
SIGNATURE	Signature, typed or printed name of registered aper OFFICERS AN	t and little if applicable. D DIRECTORS	(NOTE: Reg	issered Agent signature requi	sired when remetaling)	TE RS AND DIRECTO		34 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	t and little if applicable. D DIRECTORS	(NOTE: Reg	stered Agent signature required 13.	sired when remetaling)	TE RS AND DIRECTO		2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PTD MIERENDORFF, KAY	it and title if applicable. D DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	sired when remetaling)	RS AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PTD MIERENDORFF, KAY 11216 N TAMIAMI TR, #233	it and title if applicable. D DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	sired when remetaling)	TE RS AND DIRECTO		CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PTD MIERENDORFF, KAY 11216 N TAMIAMI TR, #233	it and title if applicable. D DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	sired when remetaling)	RS AND DIRECTO	RS IN 12	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP CMY-ST-ZIP CMY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PTD MIERENDORFF, KAY 11216 N TAMIAMI TR, #233	nt and little if applicable. D DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TREET ADDRESS 2.4 CITY-ST-ZIP	sired when remetaling)	RS AND DIRECTO	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PTD MIERENDORFF, KAY 11216 N TAMIAMI TR, #233	nt and little if applicable. D DIRECTORS	(NOTE: Reg	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 TITLE 3.1 TITLE	sired when remetaling)	RS AND DIRECTO	RS IN 12	CR2E034 (11/98)
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CITY-ST-ZIP 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 each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as fequired 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90172 027 ***476.25