

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000027727 (4)**

1. Corporation Name
SOUTH FLORIDA EQUIPMENT & REPAIR, INC.



Principal Place of Business
**6181 METRO PLANTATION ROAD
FORT MYERS FL 33912**

Mailing Address
**6181 METRO PLANTATION ROAD
FORT MYERS FL 33912**

3. Date Incorporated or Qualified **04/12/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **2280 Bruner Ln.**
Suite, Apt. #, etc.
22
City & State
23 **Ft. Myers Fl.**
Zip
24 **33912** 25 **USA**
2a. Mailing Address
26 **2280 Bruner Ln.**
Suite, Apt. #, etc.
27
City & State
28 **Ft. Myers Fl.**
Zip
29 **33912** 30 **USA**

4. FEI Number **65-0481005** 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
**HEUSS, ERNEST
6181 METRO PLANTATION RD.
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of President, Director, Secretary, Treasurer, or Registered Agent Signature of Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HEUSS, ERNEST	
STREET ADDRESS	6181 METRO PLANTATION ROAD	
CITY - ST - ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2280 Bruner Lane	
STREET ADDRESS	Ft. Myers, Fl. 33912	
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/30/96** **941-267-9586**
Signature and Typed or Printed Name of Signing Officer or Director

CR2E034 (12/95)