

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 # P94000055316 (1)

1. Corporation Name

THE COST CONTAINMENT EQUIPMENT COMPANY



Principal Place of Business

200 S HOOVER BLVD
BLDG 219 SUITE 112
TAMPA FL 33609
US

Mailing Address

200 S HOOVER BLVD
BLDG 219 SUITE 112
TAMPA FL 33609
US

3. Date Incorporated or Qualified
07/26/1994

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 200 S. Hoover Blvd.

26 200 S. Hoover Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bldg. 219 Suite 114

27 Bldg 219 Suite 114

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33609

25 US

29 33609

30 US

4. FET Number

59-3257844

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

10. Name and Address of New Registered Agent

RAPPAPORT, RICHARD M
3301 BAYSHORE BLVD.
APT. 2006
TAMPA FL 33629

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO
NAME RAPPAPORT, RICHARD M
STREET ADDRESS 3301 BAYSHORE BLVD. APT. 2006
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE PP
NAME TITUS, KEITH
STREET ADDRESS 13006 PRESTWICK DRIVE
CITY-ST-ZIP RIVERVIEW FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T
1.2 NAME Rappaport, Richard M.
1.3 STREET ADDRESS 3301 Bayshore Blvd, Apt 2006
1.4 CITY-ST-ZIP Tampa, FL 33629
☒ Change ☐ Addition

2.1 TITLE D/P/S
2.2 NAME Titus, Keith
2.3 STREET ADDRESS 13006 Prestwick Drive
2.4 CITY-ST-ZIP River view, FL 33569
☒ Change ☐ Addition

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

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

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

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

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 if changed, or on an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Titus

04/26/96

813-288-0799

Date

Day/State/Phone #

CR2E034 (12/95)