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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of Sister DIVISION OF CORPORATIONS

1996

| DOCUMENT # P940 |)00083917 (2) | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| CDI EQUIPMENT FINANCE, INC. | | | | | | | | |
| Principal Place of Business | Mailing Address | | | | | | | |
| 677 NO. WASHINGTON BLVD. STE. 9 SARASOTA FL 34236 | 677 NO. WASHINGTON BLVD. STE. 9 SARASOTA FL 34236 | | | | | | | |
| | | | | | | | | |
| 2. Principal Place of Business | 2a. Maing Address | | | | | | | |
| Suite Apt. #, etc. | Suite Apt. #, etc | | | | | | | |

|--|--|

3. Date incorporated or Qualified 11/10/1994

3a. Date of Last Report 04/28/1995

| 2. Principal P | ce of Business 2a. Mailing Address 26 | | | | | | 4. FET Number 65-0534778 | | pplied For ot Applicable | | | |
|---|--|---------------------------------------|-------------------------|-------------|---|---|--|-------------------------------|-----------------------------|-----------------|--|--|
| | Apt. #, etc. Suite Apt. #, etc 27 | | | | | | 5. Certificate of Status Desired | Certificate of Status Desired | | | | |
| City & State | | | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees | | | |
| Zip | Country | 29 | Zip | Coul | itry | | 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes X Yes □ No | | | | | |
| 24 | 9 Name and Address of Curren | | tered Anent | 130 | | | 10. Name and Address of New Registered Agent | | | | | |
| | g. Haile and Addiess of Duriet | · · · · · · · · · · · · · · · · · · · | iorod Agont | | 81 | Name | | | | | | |
| PARALA BOYAN W | | | | | | | | | | | | |
| DUMAS, BRIAN W 677 N WASHINGTON BLVD | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | 83 | | | | | | | |
| , SAMAS | OTA FL 34236 | | | | ١, | | | | | | | |
| | | | | | | | 4 City FL 85 Zip Code | | | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 60. | 7.1508, Florida Statute | s, the abo | | amed corpor | ation submits this statement for the pu | rpose of | changing its re | gistered office | | |
| or raniste | tig the provisions of Sections 6(7):0002 ered agent, or both, in the State of Florid with, and accept the obligations of, Sect | da Saich | i change was authorize | ed by the c | orpo | ration's boar | rd of directors. I hereby accept the app | ointrnent | t as registered | agent. Lam | | |
| SIGNATURE | Signature, typed or protect hand, of rejectors Lager (| and the dis | कुत्रके देशक (NE) व | is Brassial | $A_{q}(\mathbf{p} \cdot \cdot \cdot)$ | Signal no ferzite. | j w hen readstating | DAT | | | | |
| 12. | OFFICERS AN | D D REC | TORS | 13. | | | ADDITIONS/CHANGES TO OF | ICERS A | | | | |
| TITLE | P | | DELETE | 1.17 | ILE | | | | Change | Addition | | |
| NAME | DUMAS, BRIAN W | N | | | ΜĒ | | | | | | | |
| STREET ADDRESS | 4857 PROCTOR OAKS CT | | | | REFT | ADDRESS | | | | | | |
| DITY-ST-ZIP | SARASOTA FL | SARASOTA FL 14 | | | | ZiP | | | | | | |
| TITLE | | DELETE. | | | il E | | | | Change | ☐ Addition | | |
| NAME | \ | | | 2.2 NA | ME | | | | | | | |
| STREET ACORESS | . | | | 2.3 ST | eet. | ADDRESS | | | | | | |
| CITY-S1-2IP | | | | | | f - 21P | | | | | | |
| TITLE | ☐ DELETE | | | | | | | | Change | Addition | | |
| NAME | \ | | | | | | | | | | | |
| STREET ADDRESS | | | | 33 S | TREET | ADDRESS | | | | | | |
| C:TY-ST-ZiP | | | | 3.4.0 | TY-SI | [- ZIP | 4000018 | 19: | 294 | | | |
| TITLE | | | ☐ DECETE | 4 1 Ti | 'LF | | 4000018 -05/14/9601 | Ō03−: | - ∏ -§hange | Addition | | |
| NAME | | | | 4.2 N | ME | | ***200,00 | | | | | |
| STREET ADDRESS | | | | 4351 | HEE' | ADDRESS | and the first of the first | | | | | |
| CITY - ST - ZIP | | ■ 4 | | | | T - ZIP | | | <u></u> - | | | |
| TITLE | | ☐ DELETE | | | | | | | Change | ☐ Add-tion | | |
| NAME | | | | 5.2 N | \ME | | | | | Ì | | |
| STREET ADDRESS | | | | 5 3 S | REET | ADDRESS | | | | | | |
| CITY-SI-ZIF | | | | 5.4.0 | IY-S | 1 - ZIF | | | | | | |
| THTLE | | | ☐ DELETE | 6 1 T | TLE | | | 1 | ☐ Change | Addition | | |
| NAME | | | | 6 2 N | AME | | | 5 | 196 | | | |
| STREET AUDRESS | 6 | | | 638 | IREFT | ADDRESS | | 1 | ر ۱۰ | ا ہے ا | | |
| CITY - ST - ZIP | | | | 64C | 'Y S | r . 7;0 | | A 40 10 | | | | |

14. To bereby certify that the information supplied with this fring is voluntarily turnished 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 convertion or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if properties of the convertion or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if properties of the convertion of t

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR