

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000089069 (6)

1. Corporation Name
FLORIDA EQUIPMENT EXPORT CORPORATION

Principal Place of Business

23 NW 8TH AVE
HALLANDALE FL 33009

Mailing Address

23 NW 8TH AVE
HALLANDALE FL 33009-3907

2. Principal Place of Business

21 5624 NW 79TH AV

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33166

Country

25 U SA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CORKILL, CLIFF A
23 NW 8TH AVE
HALLANDALE FL 33009

3. Date Incorporated or Qualified

12/10/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0538223

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

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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1 D
WICKMAN, MARK A
1801 POLK ST.
HOLLYWOOD FL 33020

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
WICKMAN, MARK
23 WINDSWEEPER DR
ARNOLD MO 63010
OWNER, PRESIDENT

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

ARTEAGA, MANAGER 305 597 4337 5-01-97

CR2E034 (9/96)