

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011383 (3)
 1. Corporation Name
S & F EQUIPMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3700 AIRPORT ROAD SUITE 200 BOCA RATON FL 33431	Mailing Address 3700 AIRPORT ROAD SUITE 200 BOCA RATON FL 33431
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3. Date Incorporated or Qualified 02/08/1995	
4. FEI Number 65-0553741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2120 N. Dixie Highway	27 2120 N. Dixie Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State Boca Raton FL	City & State Boca Raton FL
23	28
Zip 33431	Zip 33431
Country US	Country US
24	29
25	30

9. Name and Address of Current Registered Agent
SPEIZMAN, LAWRENCE J
3700 AIRPORT ROAD
SUITE 200
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Speizman, Lawrence J.
82 Street Address (P.O. Box Number is Not Acceptable) 2120 N. Dixie Highway
83
84 City Boca Raton FL
85 Zip Code 33431

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 *Lawrence Speizman* **Lawrence Speizman / President** **4/29/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPEIZMAN, LAWRENCE J	
STREET ADDRESS	3700 AIRPORT ROAD SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	FINKLESTEIN, ABRAM	
STREET ADDRESS	3700 AIRPORT ROAD SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Speizman, Lawrence J.	
1.3 STREET ADDRESS	2120 North Dixie Highway	
1.4 CITY-ST-ZIP	Boca Raton FL 33431	
2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Finkelstein, Abram	
2.3 STREET ADDRESS	3300 N.E. 192nd ST #1804	
2.4 CITY-ST-ZIP	North Miami Beach FL 33180	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Lawrence Speizman* **4/29/98** **(561) 368-2922**

CP2E034 (10/97)