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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000011383 (3)

S & F EQIOPMENT, INC.

Principal	Place	of	Business

Mailino Address

## **FILED** May 13 1998 8:00am Secretary of State



3700 AIRPORT ROAD SUITE 200 3700 AIRPORT ROAD SUITE 200 BOCA RATON FL 33431 BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
A District			02/08/1995	
	Place of Business 2a. Mailing Address		4. FEI Number Applied For	
21 2/20 Suite, Apt		<u>xie Highu</u>	/	
22	27		5. Certificate of Status Desired See Required	
City & Stat	a Ration FL 28 Boxa Kat	on Fl	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24 3 3 9		Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
SPEIZMAN, LAWRENCE J				
	00 AIRPORT ROAD	82 Street A	Openaman, Lawience J. Address (P.O. Box Number is Not Acceptable)	
	TE 200	القطا	20 N. Dixie Highway	
80	CA RATON FL 33431	83	<b>y</b> ,	
		84 City P	oca Raton FL 85 Zip Code 33481	
11. Pursuant	to the provisions of Sections 697,0502 and 607,1508, Florida Statutes	the above-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent I a	in familia with, and accept the obligations of Section 607.0505, Flori	ithorized by the corp ida Statutes.	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE Lypod or pringer name of logistered agent and title if applicable (NOTE: Registered Agent signature regulated)  Onto the Registered Agent signature regulated when reinstalling)  DATE				
12.	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DELETE	1.1 TITLE	Change Addition	
NAME	SPEJZMAN, LAWRENCE J	1.2 NAME	Speieman, Lawrence J.	
STREET ADDRESS	3700 AIRPORT ROAD SUITE 200	1.3 STREET ADDRESS	2120 North Dixie Highway	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY - ST - ZIP	Boca Katon FL 33431	
TITLE	VPS DELETE	2.1 TITLE	V PS Change Addition	
NAME	FINKLESTEIN, ABRAM	2.2 NAME	Finualstein, Abram	
STREET ADDRESS	3700 AIRPORT ROAD SUITE 200	2.3 STREET ADDRESS	3300 N.E. 19274 ST # 1809	
CITY-ST-ZIP TITLE	BOCA RATON FL 33431	2. 4 CITY-ST-ZIP	Noigh Miami Beach FL 33180	
NAME	[_] DELETE	3.1 TITLE	Change Addition	
		3.2 NAME		
STREET ADDRESS		3.3 STREET ADORESS		
CITY-ST-ZIP TITLE	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition	
NAME	J. Ville	4. 2 NAME	L. Crearige L. Adultion	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	<del></del>	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY - ST - ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby c	certify that the information supplied with this filing does not qualify for		in Section 119.07(3)(i). Florida Statutes, I further certify that the information	

indicated on this annual report or supplier annual report is frue 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 of 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.

561) 368-2922