FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90004 024 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032523

1. Corporation Name FLORIDA FINANCIAL EQUIPMENT, I			 	II 18 14 1816 1 818 1818 1818 1814 1880 188
Principal Place of Business	8.8-101 A.J.J.	***		
10795 NW 53RD ST BAY 206 SUNRISE FL 33351 US	Mailing Address 1304 SW 160 AVE SUITE 425 FT LAUDERDALE FL 3332	e		•
	U\$	U	3. Date Incorporated or Qualified	E IN THIS SPACE
2. Principal Place of Business	2. Molling Address		04/19/1995	9
21	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0584938	Not Applicable
22	27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		S Flaction Compoint Financing	· · · · · · · · · · · · · · · · · · ·
23	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes the current	
24 25	29	30	Personal Property Tax.	∏ Yes ∏No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	
GRANER, JOHN R		81 Name	-	
10795 NW 53RD ST BAY 206	*	82 Street Add	dress (P.O. Box Number is Not Acceptable	do)
SUNRISE FL 33351		<u> </u>		ers seed a sist of a procession
00141102 12 00001		83		
		84 City		■ 85 Zip Code
				/ AST ZID CODE
3 B 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		1.1.7		
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statute	1.1.7	poration submits this statement for the pu	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statut f Florida. Such change was a ons of, Section 607.0505, Flo	es, the above-named corputhorized by the corporational statutes.	poration submits this statement for the pu ion's board of directors. I hereby accept to	
11. Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE	DIW	es, the above-named corputhorized by the corporational Statutes. R. Graner	poration submits this statement for the pu ion's board of directors. I hereby accept to	urpose of changing its registered the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	es, the above-named corputhorized by the corporational Statutes. Registered Agent signature require	ed when reinstating)	urpose of changing its registered the appointment as registered -5-99 DATE
SIGNATURE Signature, typed or printed name of registered agent at 2. OFFICERS AND	and title if applicable. (NOTE:	es, the above-named corputhorized by the corporation of the corporatio	poration submits this statement for the pution's board of directors. I hereby accept to be directors and the statement for the pution's board of directors. I hereby accept to be directors. I hereby accept the pution of the put	Lurpose of changing its registered the appointment as registered - 5 - 9 9 DATE CERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered agent at 12. OFFICERS AND D	and title if applicable. (NOTE	es, the above-named corputhorized by the corporational statutes. Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	urpose of changing its registered the appointment as registered -5-99 DATE
SIGNATURE Signature, typed or printed name of registered agent. 12. OFFICERS AND TITLE D NAME GRANER, JOHN R	and title if applicable. (NOTE:	es, the above-named corruthorized by the corporatirida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 9 DATE CERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND TITLE D NAME GRANER, JOHN R STREET ADDRESS 1472 GARDEN ROAD	and title if applicable. (NOTE:	es, the above-named corruthorized by the corporational statutes. **Registered Agent signature require** 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 9 DATE CERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed name of registered agent. 12. OFFICERS AND TITLE D NAME GRANER, JOHN R	and title if applicable. (NOTE) DIRECTORS DELETE	es, the above-named corruthorized by the corporational statutes. **Registered Agent signature require** 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	urpose of changing its registered the appointment as registered - 5 - 99 DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature, typed or printed registered agent a OFFICERS AND TITLE NAME GRANER, JOHN R STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33326 TITLE D Signature, typed or printed registered agent	and title if applicable. (NOTE:	es, the above-named corruthorized by the corporatirida Statutes. **Examples** Cranes** Registered Agent signature requires 13.	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 9 DATE CERS AND DIRECTORS IN 12
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND TITLE D GRANER, JOHN R 1472 GARDEN ROAD FORT LAUDERDALE FL 33326 TITLE D NAME LEWIN, HARLEY	and title if applicable. (NOTE) DIRECTORS DELETE	es, the above-named corruthorized by the corporatirida Statutes. **Registered Agent signature require* 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	urpose of changing its registered the appointment as registered - 5 - 99 DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME LEWIN, HARLEY	and title if applicable. (NOTE) DIRECTORS DELETE	es, the above-named corruthorized by the corporatirida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	urpose of changing its registered the appointment as registered - 5 - 99 DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND TITLE D GRANER, JOHN R STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33326 TITLE D LEWIN, HARLEY STREET ADDRESS 1901 S.W. 70TH AVENUE	and title if applicable. (NOTE) DIRECTORS DELETE	es, the above-named corruthorized by the corporatirida Statutes. **Registered Agent signature require* 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	urpose of changing its registered the appointment as registered - 5 - 9 PATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND 12. OFFICERS AND 13. OFFICERS AND 14. OFFICERS AND 15. OFFICERS AND 16. OFFICERS AND 16. OFFICERS AND 16. OFFICERS AND 16. OFFIC	and title if applicable. (NOTE: D DIRECTORS DELETE	es, the above-named corruthorized by the corporatirida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	urpose of changing its registered the appointment as registered - 5 - 99 DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND TITLE D GRANER, JOHN R STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33326 TITLE D LEWIN, HARLEY STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 TITLE	and title if applicable. (NOTE: D DIRECTORS DELETE	es, the above-named corruthorized by the corporatirida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	urpose of changing its registered the appointment as registered - 5 - 9 PATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND TITLE D GRANER, JOHN R STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33326 TITLE D LEWIN, HARLEY STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317	and title if applicable. (NOTE: D DIRECTORS DELETE	es, the above-named corruthorized by the corporation of the corporatio	ed when reinstating)	urpose of changing its registered the appointment as registered - 5 - 9 PATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent a OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317	and title if applicable. (NOTE: D DIRECTORS DELETE	es, the above-named corruthorized by the corporatirida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature, typed or printed raph of registered agent. 12. OFFICERS AND TITLE D GRANER, JOHN R 1472 GARDEN ROAD FORT LAUDERDALE FL 33326 TITLE D LEWIN, HARLEY STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	and lifte if applicable. (NOTE) DIRECTORS DELETE DELETE	es, the above-named corruthorized by the corporatirida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ed when reinstating)	urpose of changing its registered the appointment as registered - 5 - 9 PATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND 12. OFFICERS AND 13. OFFICERS AND GRANER, JOHN R 1472 GARDEN ROAD FORT LAUDERDALE FL 33326 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE SIGNATURE SIGNATURE PLANTATION FL 33317 TITLE TITLE TITLE TITLE SIGNATURE SIGNATURE PLANTATION FL 33317 TITLE TITLE TITLE	and lifte if applicable. (NOTE) DIRECTORS DELETE DELETE	es, the above-named corruthorized by the corporativida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND ITILE D GRANER, JOHN R 1472 GARDEN ROAD FORT LAUDERDALE FL 33326 ITILE D LEWIN, HARLEY STREET ADDRESS CITY-ST-ZIP 1901 S.W. 70TH AVENUE PLANTATION FL 33317 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	and lifte if applicable. (NOTE) DIRECTORS DELETE DELETE	es, the above-named corruthorized by the corporativida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND ITILE D GRANER, JOHN R 1472 GARDEN ROAD FORT LAUDERDALE FL 33326 ITILE D LEWIN, HARLEY STREET ADDRESS CITY-ST-ZIP 1901 S.W. 70TH AVENUE PLANTATION FL 33317 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	and lifte if applicable. (NOTE) DIRECTORS DELETE DELETE	es, the above-named corruthorized by the corporativida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	and title if applicable. (NOTE) DIRECTORS DELETE DELETE DELETE	es, the above-named corruthorized by the corporativida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP	and title if applicable. (NOTE) DIRECTORS DELETE DELETE DELETE	es, the above-named corruthorized by the corporativida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	and title if applicable. (NOTE) DIRECTORS DELETE DELETE DELETE DELETE	es, the above-named corruthorized by the corporativida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE Signature, typed or printed registered agent. 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP	and title if applicable. (NOTE) DIRECTORS DELETE DELETE DELETE	es, the above-named corruthorized by the corporativida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating)	Lurpose of changing its registered the appointment as registered - 5 - 9 DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

954-748-9262

CR2E034 (11/98)