

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90012 034 \*\*\*150.00

**DOCUMENT # P96000009363**

1. Corporation Name  
**POS EQUIPE CORPORATION**



Principal Place of Business

Mailing Address

~~21010 N.E. 25TH COURT~~  
~~NORTH MIAMI BEACH FL 33180~~

~~21010 N.E. 25TH COURT~~  
~~NORTH MIAMI BEACH FL 33180~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/26/1996**

4. FEI Number

**43-1566752**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 1800 N. Commerce Pkwy. #2**

**2a 1800 N. Commerce Pkwy. #2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Weston, FL**

**27 Weston, FL**

City & State

City & State

**23 33326**

**28 33326**

Zip

Zip

Country

Country

**24 Broward**

**29 Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KOENIG, RICHARD D~~  
~~21010 N.E. 25TH COURT~~  
~~NORTH MIAMI BEACH FL 33180~~

81 Name

**DAVID E. GOLDMAN**

82 Street Address (P.O. Box Number is Not Acceptable)

**20700 West Dixie Highway, Suite 100**

83

**North Miami Beach**

84 City

**FL**

85 Zip Code  
**33180**

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

*David E. Goldman*

**04/08/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PTD KOENIG, RICHARD D**

STREET ADDRESS ~~1211 S. RAMONA AVE~~

CITY-ST-ZIP ~~MIAMI BEACH FL 33133~~

TITLE ☐ DELETE

NAME **VSD WALDRON, DONALD**

STREET ADDRESS **2945 CHURCHILL DR.**

CITY-ST-ZIP **ST. LOUIS MO 63033**

TITLE ☐ DELETE

NAME **D KOENIG, MARILYN**

STREET ADDRESS **19341 N.E. 19TH AVE.**

CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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.

SIGNATURE:

*David E. Goldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**26 APR 99 954-385-890**

Date

Daytime Phone #

CR2E034 (1/98)