

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State

1996-3-12-96

B- 2156 NC

DOCUMENT # 226681 (5)

1. Corporation Name
M.R. HARRISON CRANE SERVICE, INC.



Principal Place of Business: 2440 N.W. 37TH STREET MIAMI FL 33142-2364
 Mailing Address: 2440 N.W. 37TH STREET MIAMI FL 33142-2364

3. Date Incorporated or Qualified: 08/06/1959
 3a. Date of Last Report: 01/31/1995
 4. FEI Number: 59-6069575
 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

2. Principal Place of Business: 21
 Suite, Apt. #, etc.:
 22 City & State:
 23 Zip: Country:
 24 25 29 30

9. Name and Address of Current Registered Agent

HARRISON, MICHAEL J.
 2440 N.W. 37TH STREET
 MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 City:
 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: ST
 NAME: NAIMAN, LEE R.
 STREET ADDRESS: 2440 N.W. 37TH ST.
 CITY- ST- ZIP: MIAMI, FL 00000
 DELETE

2. TITLE: V
 NAME: HARRISON, JOHN JR.
 STREET ADDRESS: 1000 NW. 54TH ST.
 CITY- ST- ZIP: MIAMI FL
 DELETE

3. TITLE: P
 NAME: HARRISON, MICHAEL J
 STREET ADDRESS: 2440 N.W. 37TH ST.
 CITY- ST- ZIP: MIAMI, FL 00000
 DELETE

4. TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY- ST- ZIP: _____
 DELETE

5. TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY- ST- ZIP: _____
 DELETE

6. TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY- ST- ZIP: _____
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE: _____ Change Addition
 12 NAME: _____
 13 STREET ADDRESS: _____
 14 CITY- ST- ZIP: _____

2. 1 TITLE: _____ Change Addition
 22 NAME: _____
 23 STREET ADDRESS: _____
 24 CITY- ST- ZIP: _____

3. 1 TITLE: _____ Change Addition
 32 NAME: _____
 33 STREET ADDRESS: _____
 34 CITY- ST- ZIP: _____

4. 1 TITLE: _____ Change Addition
 42 NAME: _____
 43 STREET ADDRESS: _____
 44 CITY- ST- ZIP: _____

5. 1 TITLE: _____ Change Addition
 52 NAME: _____
 53 STREET ADDRESS: _____
 54 CITY- ST- ZIP: _____

6. 1 TITLE: _____ Change Addition
 62 NAME: _____
 63 STREET ADDRESS: _____
 64 CITY- ST- ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lee R. Naiman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 305 633-5728
 Date Daytime Phone #

CR2E034 (12/95)