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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

M.R. HARRISON CRANE SERVICE, INC.

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				4 160110 11016 (1010 01110 01101 (016) 1101 01011 (ilati diali dibit alati biati tabi	
2440 N.W. 37TH. STREET 2440 N.W. 37TH. STREET MIAMI FL 33142-2364 MIAMI FL 33142-2364						
MIAMITE 33	145-5304	MIAMI FL 33142-2364			DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	
					08/06/1959	
2. Principal Place of Business 2a. Mailing Addre			S		4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #			# oto		59-6069575	Not Applicable
 					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & S		City & State	State		6. Election Campaign Financing	
23		h	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country	y	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Cur-	10. Name and Address of New Register	od Agent			
HARRISON, MICHAEL J.				81 Name		
	40 N.W. 37TH STREET		82	Street Add	Street Address (P.O. Box Number is Not Acceptable)	
Mik	AMI FL 33142		83			
			63			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statul	es, the abov	e-named con	poration submits this statement for the purpose	
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change was a	authorized bi	y the corpora	lion's board of directors. Thereby accept the a	ppointment as registered
_	en idininai wan, and decopa ine ob	iliginitions or, Socillott 007,0005, Fic	Jilda Statute	S.		
SIGNATURE Signature: hyped or printed name of registered agent and tisk of applicable. (NOTE Registered Agent)					red whom re notating) DATI	
12.	OF FICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P P P P P P P P P P P P P P P P P P P	L] DELETE	11 TITLE			Change Addition
NAME	OAAO ANNI OTTILOT		1.2 NAME			
STREET ADDRESS	MANN EL COCCO			ADDRESS		i
CITY+ST-ZIP TITLE	MIAWII. I L 00000	DELFTE	1.4 City - 5 2.1 Title	S1 - Z(P		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY - ST - ZIP			2. 4 CITY -			
TITLE	☐ DFLETE		3.1 TOLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CiTY-	S1 - 7(P		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY - S 5.1 TH LE	51 - 7IP		Change Addition
NAME			5.2 NAME		1	Change ADDITION
STREET ADDRESS			5.2 NAME	ADDRESS		\ 1/2/ \ \
CITY-ST-ZIP			5.4 City - 5		\mathcal{H}	1900
TITLE			6.1 TITLE		5000024128	- Change Addition
NAME			6.2 NAME	-	-01/27/9801024	
STREET ADDRESS			6.3 STREET	ADDRESS	***150.00	4 120
CITY-ST-ZIP			64 CITY-S	1 - ZIP	ው ውጥ ያ ርብር ፣ ርብርን	

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 addre