

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia H. Maxwell
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11: 27

DOCUMENT # **550783** (5)

1. Corporation Name
CENTRAL FLORIDA EQUIPMENT RENTAL OF DADE COUNTY, INC.

Principal Office (City and State)
**9030 N.W. 97 TERRACE
MEDLEY FL 33178**

Minor Office (City and State)
**9030 N.W. 97 TERRACE
MEDLEY FL 33178**

(Do not write in this space)

2. Date of Incorporation or Quantile 11/04/1977		3a. Date of Last Report 01/24/1994	
4. File Number 59-1782227		Applied Fee Not Applicable	
21. State of Incorporation FL		26. Minor Office State FL	
22. State of Principal Office FL		27. State of Minor Office FL	
23. City of Principal Office Medley		28. City of Minor Office Medley	
24. County of Principal Office Dade		29. County of Minor Office Dade	
30. County of Minor Office Dade		5. Certificate of Status Desired <input type="checkbox"/>	
		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Report Filed <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		8. This corporation has liability for advertising the under 1995 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAER, JAMES T. 9030 NW 97 TERRACE MEDLEY FL 33178				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address, P.O. Box Number is Not Accepted	
				83. City	
				84. State	FL
				85. Zip Code	

11. I, the undersigned, being the proprietor, partner, officer, and agent of said Florida Statutes, the above named corporation, hereby this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am hereby authorized by the corporation's board of directors to file this statement and accept the appointment as registered agent and

SIGNATURE _____

12. DIRECTORS AND OFFICERS		13. ADDITIONAL CHANGE OF OFFICERS AND DIRECTORS	
NAME PD BAER, JIM	STREET ADDRESS 434 S.W. 64 AVENUE MIAMI FL	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME V BAER, ROBERT	STREET ADDRESS 8420 SW 148 STREET MIAMI FL	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME S BAER, CAROL	STREET ADDRESS 434 S.W. 64 AVENUE MIAMI FL	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME AS BAER, RICHARD	STREET ADDRESS 7411 SW 128 AVENUE MIAMI FL	NAME Vice President Baer, Richard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

14. The undersigned, hereby, certifies that the information supplied with this report is true and correct, and that the undersigned is duly qualified to act as a registered agent for the corporation in the State of Florida. I am hereby authorized by the corporation's board of directors to file this statement and accept the appointment as registered agent and

SIGNATURE: **Robert Baer V.P. 4/17/95 (305)888-3344**