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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

550783

(5)

CENTRAL FLORIDA EQUIPMENT RENTAL OF DADE COUNTY.

FILED Feb 10 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address			
9030 N.W. 97	TERRACE	9030 N.W. 97 TERI	9030 N.W. 97 TERRACE			
MEDLEY FL 33178		MEDLEY FL 33178	MEDLEY FL 33178			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						11/04/1977
2. Principal Pl	ace of Business	2a. Mailing Address	 }			4. FEI Number Applied For
21		├ ─┐	26			59-1782227 Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.				— \$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip			Сол	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	Ю		Personal Property Tax due June 30. Yes 🔲 No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
BA	ER, JAMES T.			81	Name	e
9030 NW 97 TERRACE				82 Street Address (P.O. Box Number is Not Acceptable)		
ME	DLEY FL 33178					, , , , , , , , , , , , , , , , , , , ,
				83		
				84	City	85 Zip Code
				.	-	FL -
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 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered a	ment and tille it analysis able	4NC/TF Registered	1 Age	nt sionalur	re required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELET	E 1.1 T()	LE.		Change Addition
NAME	BAER, JIM		1.2 NA	1.2 NAME		
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS		
CITY+ST-ZIP	A ALA A M. Mark		1.4 CI	TY-SI	T-ZIP	/6/
TITLE	V	☐ DELET	E 2.1 1(1	LE		Change Addition
NAME	BAER, ROBERT 221		2.2 NA	2.2 NAME		
STREET ADDRESS	8420 SW 146 STREET		2.3 \$1	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL			2. 4 CITY - ST - ZIP		
TITLE						Change Addition
NAME			3.2 NA	3.2 NAME		
STREET ADDRESS	434 S.W. 64 AVENUE		3.3 ST	REET.	ADDRESS	;
CITY-ST-ZIP	MIAMI FL		3.4. CI	ITY - S	T-ZIP	
TITLE	VP	DELET				Change Addition
NAME	BAER, RICHARD		4. 2 N	AME		
STREET ADDRESS	7411 SW 128 AVENUE 1		4.3 ST	REET.	ADDRESS	
CITY - ST - ZIP	MIAMI FL		4.4 CI			
TITLE		☐ DELET				Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS					ADDRESS	;
CITY-ST-ZIP			5.4 CI			
TITLE		DELET				Change Addition
NAME			6.2 NA			
STREET ADDRESS					ADDRESS	·
CITY-SI-ZIP			6.4 CI			<u> </u>
UIII-31-21P			0.4 ()	11-3	- LIF	1 die Continu (10 07(0)() Finaldo Continu 16 db en en die Neutralia

mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if am an ide recover of truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in in attacturing the wife an address.