

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # B94000000380	
ANTHONY CRANE RENTAL, L.P., LIMITED PARTNERSHIP			
Mailing Address 1165 CAMP HOLLOW RD. WEST MIFFLIN PA 15122		Principal Office Address 1165 CAMP HOLLOW RD. WEST MIFFLIN PA 15122	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 09/20/1994	
		3a. Date of Last Report 01/26/1998	
		4. State or Country of Formation PA	
		5a. Capital Contributions as Shown on record. \$0.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 25-1739175	
		☐ Applied For ☐ Not Applicable	
		7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 PM 4:19



9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
ANTHONY CRANE RENTAL, INC. 3800 POWERLINE ROAD POMPANO BEACH FL 33073		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ANTHONY CRANE RENTAL, INC.	1165 CAMP HOLLOW RD.	WEST MIFFLIN PA 15122	F94000004942
100002720781--9 -12/23/98-01053-005 ****141.25 ****141.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/7/98

Typed or Printed Name of General Partner Signing Form

DAVID W. MAHOKEY

Daytime Telephone Number

412-469-3700

CR2E003 (8/98)