


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR -2 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L94000000470
CONSOLIDATED RIGGING AND LIFTING PRODUCTS
OF SOUTH FLORIDA, I.C.
POST OFFICE BOX 3235
JACKSONVILLE FL 32206

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
1512 S.W. THRID STREET
POMPANO BEACH FL 33060

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
09/19/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0521102	
5. Date of Last Report	6. Certificate of Status Desired
02/22/1996	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
RAULERSON, BOBBY L
2039 E. 11TH STREET
JACKSONVILLE FL 32206

8. Name and Address of New Registered Agent
Name: *Raulerson, Bobby L.*
Street Address (P.O. Box Number is Not Acceptable): *4700 N. Pearl St*
Suite, Apt. #, etc.: *200002134232-2*
City: *Jacksonville* *FL* *32206*

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FUNK, ROBERT	C/O 545 CENTRAL AVENUE	JOHNSTOWN PA
MGR	WARD, LAWRENCE H JR.	C/O 545 CENTRAL AVENUE	JOHNSTOWN PA
MGR	RAULERSON, BOBBY L	C/O 4700 N. PEARL ST.	JACKSONVILLE FL
MGR	PRESLEY, DONALD	C/O 4700 N. PEARL ST.	JACKSONVILLE FL
MEM	R.R.R. WAREHOUSE & SER	2039 E. 11TH STREET	JACKSONVILLE FL
MEM	WILLIAMSPORT WIREROPE	C/O 1512 S.W. THRID STREET	POMPANO BEACH FL

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Bobby L. Raulerson* **DATE:** *3/31/97* **DAYTIME PHONE #:** *904-765-7177*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Bobby L. Raulerson