

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 MAR 30 PM 1:39

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	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, L.C. POST OFFICE BOX 3235 JACKSONVILLE FL 32206
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1a. Principal Place of Business Address 1512 S.W. THRID STREET POMPANO BEACH FL 33060
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2. Principal Place of Business 6601 LYONS RD Suite, Apt. #, etc. SUITE I-6 City & State COCONUT CREEK FLORIDA Zip 33073	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 09/19/1994	3a. State of Formation FL	4. FEI Number 65-0521102 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/02/1997		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

7. Name and Address of Current Registered Agent RAULERSON, BOBBY L 4700 N. PEARL ST JACKSONVILLE FL 32206	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 900002480889-2 -04/07/98--01044--013 City Jacksonville FL Zip code ***188.75 ***188.75
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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, DONALE	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** 3/24/98 904-765-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #