

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR 16 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L9500000607

CONSOLIDATED RIGGING AND LIFTING PRODUCTS
 OF THE CAROLINAS, L.C.
 P.O. 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

11522 WINDING WAY DRIVE
 CHARLOTTE NC 28226

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/03/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				03/04/1996	SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name: <u>Raulerson, Bobby L.</u> Street Address (P.O. Box Number is Not Acceptable): <u>4700 N. Pearl St.</u> Suite, Apt. #, etc.: City: <u>Jacksonville</u> FL Zip Code: <u>32206</u>	

9. Pursuant to the provisions of Sections 608.418 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: Bobby L. Raulerson 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 M	545 CENTRAL AVENUE	JOHNSTOWN PA
MGR	WARD, LAWRENCE H JR.	545 CENTRAL AVENUE	JOHNSTOWN PA
MGRM	RAULERSEN, BOBBY L	4700 NORTH PEARL STREET	JACKSONVILLE FL
MEM	PRESLEY, DONALD	4700 NORTH PEARL STREET	JACKSONVILLE FL

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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 an attachment with an address.

SIGNATURE: Bobby L. Raulerson 3/31/97 904-765-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Bobby L. Raulerson