

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P02607 (0)
 1. Corporation Name
ESSEX CRANE RENTAL CORP.



Principal Place of Business: ~~500 HAYS ST~~ **777 Terrace**
HASBROUCK HEIGHTS NJ 07604

Mailing Address: **AVP.O. BOX 286**
FT LEE NJ 07024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 777 Terrace Ave.		26 Suite, Apt. #, etc.		07/05/1984	
22 Suite, Apt. #, etc.		27 City & State		4. FEI Number	
23 Hasbrouck Heights, NJ		28 Zip		13-1938187	
24 Zip 07604		29 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY				81 Name			
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301				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 its registered 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORANO, VINCENT A.			1.2 NAME			
STREET ADDRESS	500 RT. 17 SO.			1.3 STREET ADDRESS			
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07604			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORANO, CHRISTOPHER J.			2.2 NAME			
STREET ADDRESS	777 TERRACE AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HASBROUCK HGTS, NJ 07604			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MORANO, JOSEPH A.			3.2 NAME			
STREET ADDRESS	777 TERRACE AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	HASBROUCK HGTS. , NJ 07604			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARL F. MORANO			4.2 NAME			
STREET ADDRESS	777 TERRACE AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	HASBROUCK HGTS, NJ 07604			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)