

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
32399-0001

APPROVED  
AND  
FILED

DOCUMENT # **256868**

(1)

APR 18 1995

AMREP SOUTHEAST, INC.

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Address

2300 ECON CIR  
ORLANDO FL 32817  
US

Mailing Address

P O BOX 677639  
ORLANDO FL 32867  
US

USE THIS SPACE

3. Date of Incorporation or Qualification <b>03/13/1962</b>	3a. Date of Last Report <b>04/18/1994</b>
4. FIC Number <b>13-2534147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status (Required) <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation is not subject to the election laws under 1005.007 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Office Telephone Number 21	2a. Mailing Address Telephone Number 26
22. State, Apt. # or Box	27. State, Apt. # or Box
23. City & State	28. City & State
24. Fax Number	29. Fax Number
25. E-mail Address	30. E-mail Address

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHNEIDER, ARTHUR J. 2300 ECON CIRCLE ORLANDO FL 32817		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above named corporation submits the 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 a legal officer and accept the duties of Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICE	PD WALL, JAMES 333 RIO RANCHO DRIVE, SE RIO RANCHO NM	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		OFFICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY, STATE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	VSD SKALKA, RUDOLPH J. 10 COLUMBUS CIRCLE NEW YORK NY	OFFICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		OFFICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	EV LARRAMORE, CLYDE 9430 TORRINGTON AVE ORLANDO FL	OFFICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	V SCHNEIDER, ARTHUR J. 19200 N.E. 20 CT N. MIAMI BEACH FL	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	DV GLIEDMAN, ANTHONY 10 COLUMBUS CIRCLE NEW YORK NY	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 607.011(1)(b), Florida Statutes. I further certify that the information is listed in the name of report or supplemental annual report as 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 registered broker empowered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on the report or the report is changed or corrected in accordance with an affidavit.

SIGNATURE:

*James Wall*

NAME AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

JAMES WALL 4/27/95 505-892-9200

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Murkin  
Secretary of State  
1900 North West 2nd Street  
Tallahassee, Florida 32304-0001

RECEIVED  
MAY 1 1995

DOCUMENT # **261456** (8)

**CONTRACTORS EQUIPMENT RENTAL COMPANY**

MAY 1 9 45  
STATE  
TALLAHASSEE, FLORIDA

Principal Office Location: **1331 WEST CENTRAL AVENUE ORLANDO FL 32805**  
Mailing Address: **P O BOX 3542 ORLANDO FL 32802-3542 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/02/1962</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FIC Number <b>59-0976339</b>		Appoint For Next Application	
5. Certificate of Status Created <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing/Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This company does not submit to the jurisdiction of the courts of Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

2. Filing Information		2a. Mailing Address		4. FIC Number		Appoint For	
21	22	26	27	59-0976339		Next Application	
23		28		5. Certificate of Status Created		<b>\$8.75</b> Additional Fee Required	
24		29		6. Election Campaign Financing/Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
25		30		8. This company does not submit to the jurisdiction of the courts of Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DEAL, TROY M JR</b> <b>1331 WEST CENTRAL AVE</b> <b>ORLANDO FL 32805</b>				81. Name			
				82. Street Address (P.O. Box Number or M.F.A. or F.M.A.)			
				83.			
				84. City			
				85. Zip Code			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 607.02(2)(c) and 607.02(3)(b) Florida Statutes, the above named corporation submits the statement for this purpose of a change of registered office or registered agent for a corporation 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 a resident with an acceptable occupation of the state of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE & LIST OF OFFICERS AND DIRECTORS IN 1995	
1. NAME	CP <b>DEAL, TROY M JR</b> <b>1331 W. CENTRAL BLVD.</b> <b>ORLANDO FL</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS	<b>1331 W CENTRAL BLVD</b> <b>ORLANDO, FL 00000</b>	2. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	<b>ORLANDO FL</b>	3. CITY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<del>DEAL, TROY M, III</del>	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ADDRESS	<del>1331 W CENTRAL BLVD</del>	5. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY	<del>ORLANDO FL</del>	6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. ADDRESS		8. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. ADDRESS		11. ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Sections 607.02(3)(b) 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 in the city. That I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapters 607, Florida Statutes, and that my name appears on Block 1, or Block 11 of a changed or original attachment with an address.

SIGNATURE: *Stephen M Fox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Stephen M. Fox**

4/28/95 107/849-6420