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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90104 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 280898

1. Corporation Name
FLORIDA RIGGING & CRANE COMPANY INC

Principal Place of Business	Mailing Address
P. O. BOX 680-579 P.O. BOX 680579 MIAMI FL 33168 US	P. O. BOX 680-579 P.O. BOX 680579 MIAMI FL 33168 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	04/28/1964	59-1058759	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	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
BARTHET PATRICK, C ESQ 200 S., BISCAYNE BLVD SUITE 1800 MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, ROBERT J.	1.2 NAME	OLIVER, SHERRILL
STREET ADDRESS	12573 NEW BRITTANY BLVD	1.3 STREET ADDRESS	2300 INDIAN CREEK BLVD, WEST-APT-C117
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	VERO BEACH, FLORIDA 32966
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERINGHAM, PHILIP B	2.2 NAME	
STREET ADDRESS	2602 SAN DOMINGO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORLA GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRTMAN, CHARLES	3.2 NAME	UTVICH, DAVID
STREET ADDRESS	744 TIBADABO AVE	3.3 STREET ADDRESS	1368 HIBISCOSS AVE.
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTVICH, MICHAEL	4.2 NAME	
STREET ADDRESS	4890 LIPSCOMB ST., N.E. 6305 CASTANEDA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL CORAL GABLES, FLA 33146	4.4 CITY-ST-ZIP	
TITLE	SD CORP SEC./TREAS. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTVICH, LORNA RANDALL	5.2 NAME	
STREET ADDRESS	10340 N.W. 37TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDDALL, BRIAN	6.2 NAME	UTVICH, DARYL
STREET ADDRESS	9006 BRYANT ROAD	6.3 STREET ADDRESS	P.O. BOX 622462
CITY-ST-ZIP	LITHIA FL	6.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32862

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 with all other like empowered.

SIGNATURE: MICHAEL UTVICH PRES Date: 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)