

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 474880 (2)

1. Corporation Name

KIPP CRANE SERVICE, INC.



Principal Place of Business

Mailing Address

6175 NW 153 ST #321  
MIAMI LAKES FL 33014

6175 NW 153 ST #321  
MIAMI LAKES FL 33014

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/29/1975</b>  | 3a. Date of Last Report<br><b>03/10/1995</b> |
| 4. FEI Number<br><b>59-1593814</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIPP, RICHARD L. SR.  
6175 NW 153RD STREET  
SUITE 321  
MIAMI LAKES FL 33014 X 33014

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City   |
| 84. City   |
| 85. Zip Code<br><b>FL 33014</b>                        |

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | PD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | KIPP SR, RICHARD L    | 12 NAME   |  |
| STREET ADDRESS             | 14830 LEWIS ROAD      | 13 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | MIAMI LAKES, FL 00000 | 14 CITY - ST - ZIP                                    | 33014  |
| TITLE                      | ST                    | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | KIPP, ANN             | 22 NAME   |  |
| STREET ADDRESS             | 14830 LEWIS ROAD      | 23 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | MIAMI LAKES, FL 00000 | 24 CITY - ST - ZIP                                    | 33014  |
| TITLE                      | VD                    | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | KIPP JR, RICHARD L    | 32 NAME   |  |
| STREET ADDRESS             | 14520 HAMPTON PL.     | 33 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | DAVIE FL              | 34 CITY - ST - ZIP                                    | 33325  |
| TITLE                      | D                     | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | KIPP, ANN             | 42 NAME   |  |
| STREET ADDRESS             | 14830 LEWIS RD        | 43 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | MIAMI LAKES, FL 00000 | 44 CITY - ST - ZIP                                    | 33014  |
| TITLE                      |                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                       | 52 NAME   |  |
| STREET ADDRESS             |                       | 53 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            |                       | 54 CITY - ST - ZIP                                    |  |
| TITLE                      |                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                       | 62 NAME   |  |
| STREET ADDRESS             |                       | 63 STREET ADDRESS                                     |  |
| CITY - ST - ZIP            |                       | 64 CITY - ST - ZIP                                    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ANN KIPP, SECRETARY/TREASURER 1/22/96 305/821-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)