

**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 # **507542 (9)**

1. Corporation Name  
**ALLSTATE EQUIPMENT AND RENTALS, INC.**



Principal Place of Business: **3285 S. MILITARY TR. LAKE WORTH FL 33463**  
Mailing Address: **3285 S. MILITARY TR. LAKE WORTH FL 33463**

3. Date Incorporated or Qualified: **07/06/1976**  
3a. Date of Last Report: **02/01/1995**  
4. FEI Number: **59-1676578**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERICKSON, PAUL B.  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

81 Name: **David D. Worman**  
82 Street Address (P.O. Box Number's Not Acceptable): **3285 So. Military Trail**  
83  
84 City: **Lake Worth** FL 85 Zip Code: **33463**

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: **David D. Worman** (Signature) **David D. Worman** (Typed Name) **1/29/96** (Date)

12. OFFICERS AND DIRECTORS

TITLE: <b>P</b>	NAME: <b>WORMAN, DAVID, D</b>	STREET ADDRESS: <b>161 ELAINE RD W PALM BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>ST</b>	NAME: <b>WORMAN, ALICE, K</b>	STREET ADDRESS: <b>7540 S.E. MARSH FERN LANE HOBE SOUND FL</b>	<input type="checkbox"/> DELETE
TITLE: <b>TD</b>	NAME: <b>WORMAN, JAMES, A</b>	STREET ADDRESS: <b>7540 S.E. MARSH FERN LANE HOBE SOUND FL</b>	<input type="checkbox"/> DELETE
TITLE: <b></b>	NAME: <b></b>	STREET ADDRESS: <b></b>	<input type="checkbox"/> DELETE
TITLE: <b></b>	NAME: <b></b>	STREET ADDRESS: <b></b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>900001743889</b>
5.3 STREET ADDRESS	<b>-03/15/96--01015--013</b>
5.4 CITY - ST - ZIP	<b>***200.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 before me; 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 unchanged, or on an attachment with an address.

SIGNATURE: **David D. Worman** (Signature) **3/11/96 (407) 965-0722** (Date and Phone)

CR2E034 (12/95)